



Nevada Department of  
Health and Human Services



Nevada Early Intervention Service (NEIS)  
**STAFFING MODEL**

# Time and Effort Reporting



# Time and Effort Reporting Study

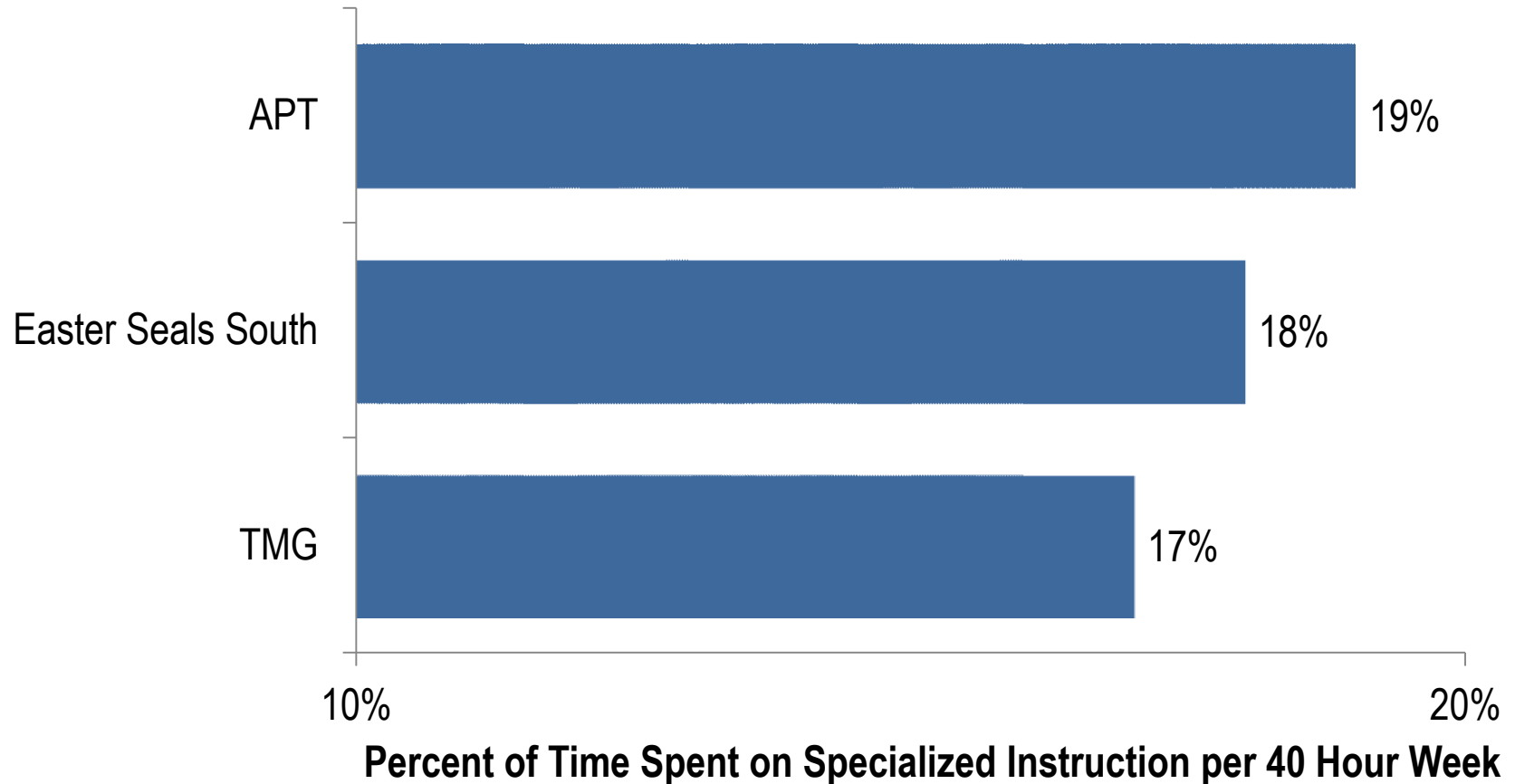
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- Strategic Progress issued a time and effort reporting study in July 2012 to determine the amount of time developmental specialists spend performing service coordination (SC). This time and effort study served as a key component of the staffing model, as SC activities are not currently entered in the TRAC database, therefore, it was previously unclear how much time was spent performing SC.
- Each provider of early intervention services completed a one week time study to determine how much time on average is spent performing SC activities. Each developmental specialist for every provider was instructed to complete a full 5 day study. The five days were not required to be consecutive days or even occur in the same week, and therefore do not include vacation, or other time off. Travel time was also not included.
- While specialized instruction was not required to be included in the study, three providers did include this information, therefore, summary information regarding specialized instruction is provided in this analysis for informational purposes only.
- A detailed template was provided, however, some providers submitted data incorrectly or failed to submit the study at all.



# Specialized Instruction: Hours per Week

While only three providers reported data for specialized instruction, the ratio of provider time devoted to specialized instruction is consistent among reporting providers, with each developmental specialist spending approximately 7.2 hours per week on specialized instruction.



Note: Hours are not adjusted for part-time employees, and therefore may be artificially low.

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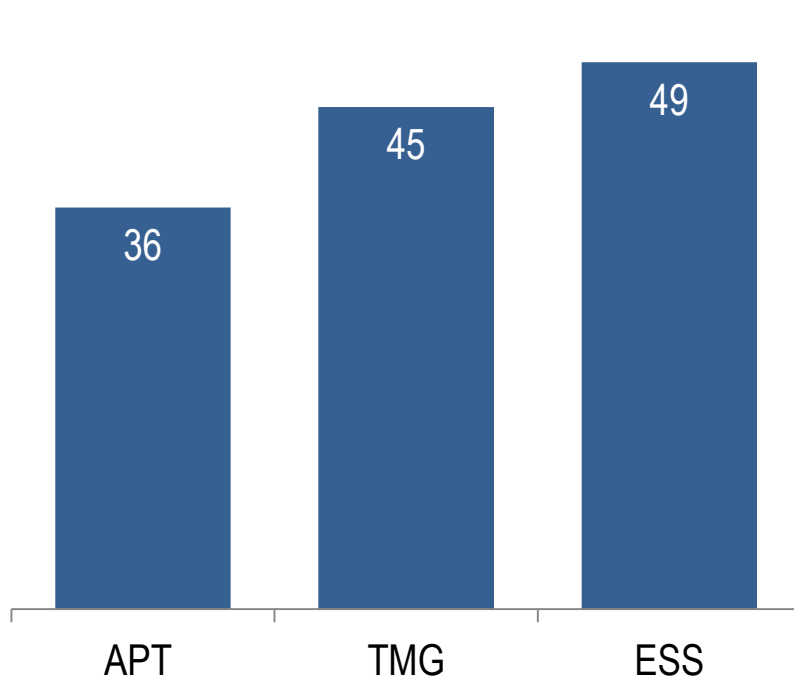




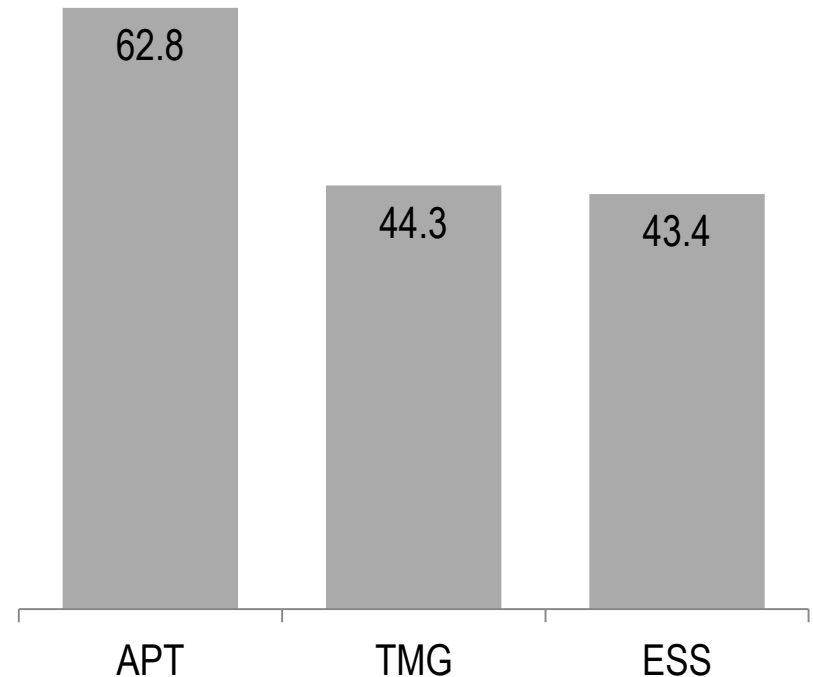
# Specialized Instruction

Each child receiving specialized instruction services receives approximately 50 minutes of specialized instruction.

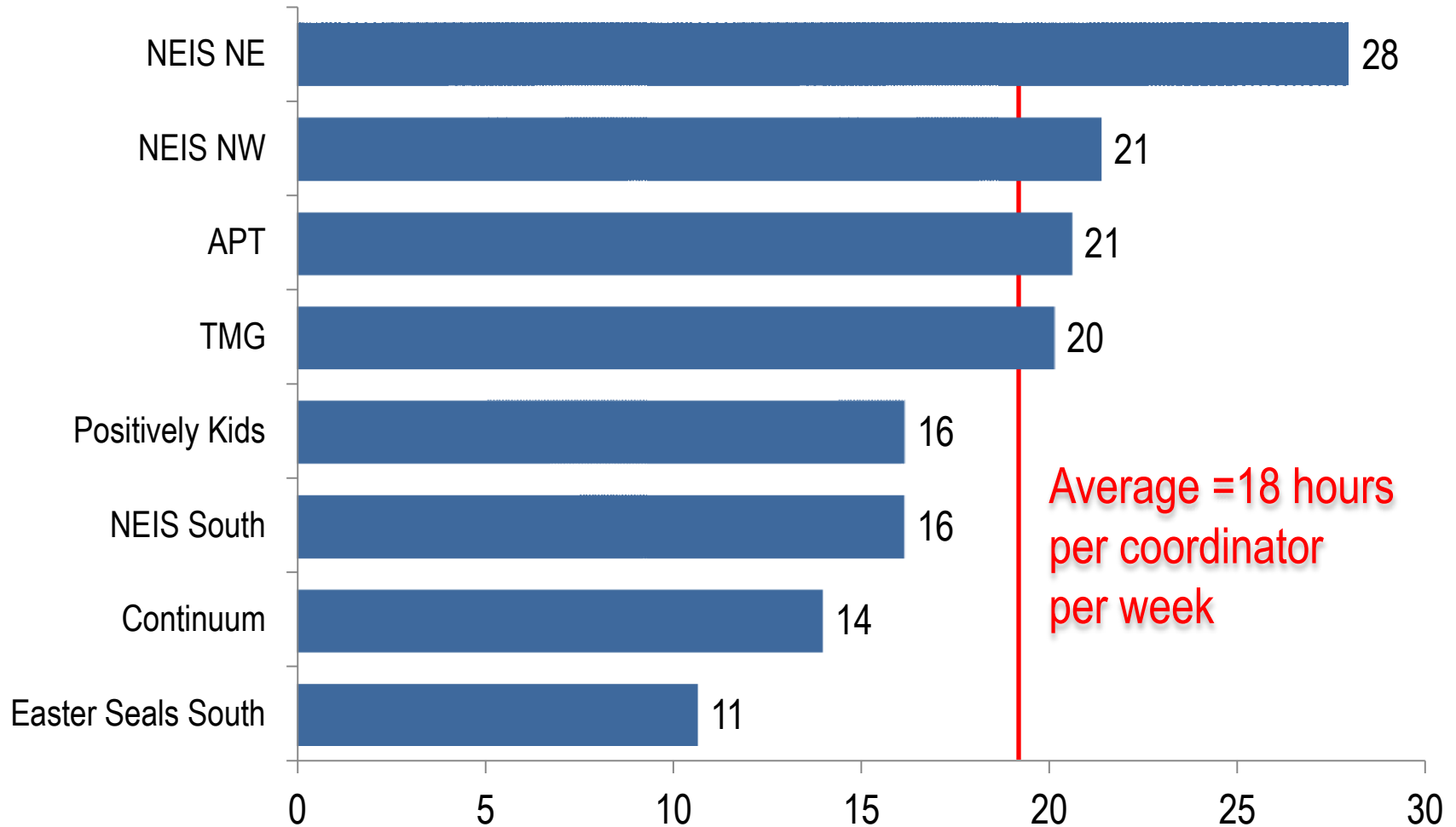
**Children Receiving Specialized Instruction  
During the Sample Week**



**Specialized Instruction  
Minutes per Child**

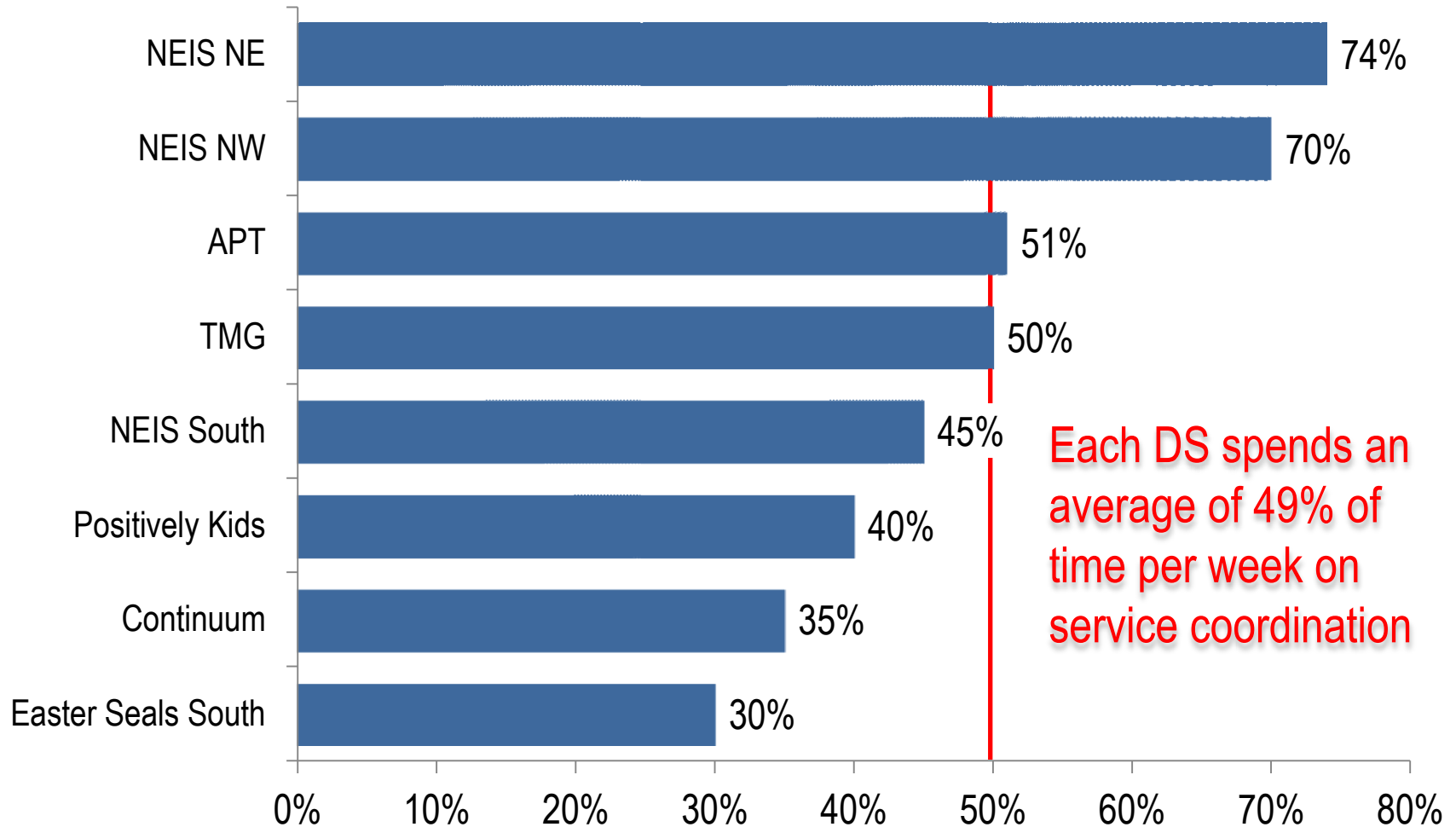


# Service Coordination: Average Hours per Week per Coordinator



Note: (1) Community provider hours are not adjusted for part-time employees, and therefore may be artificially low.  
(2) Time and effort reporting data collected in July 2012.

# Service Coordination: Percentage Hours per Week per Coordinator

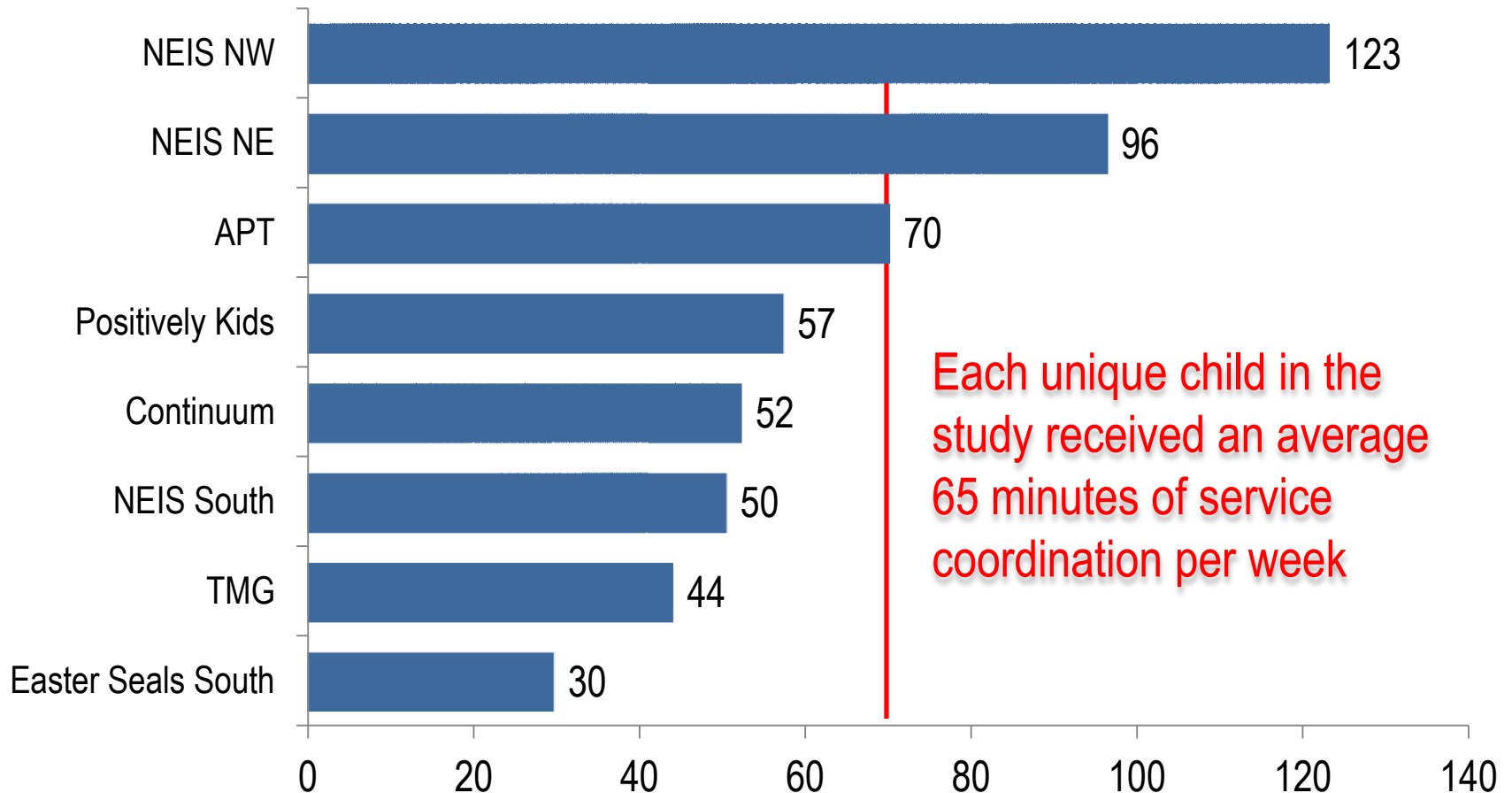


Note: Community provider hours are not adjusted for part-time employees, and therefore may be artificially low.



# Service Coordination: Average Minutes of Service per Child

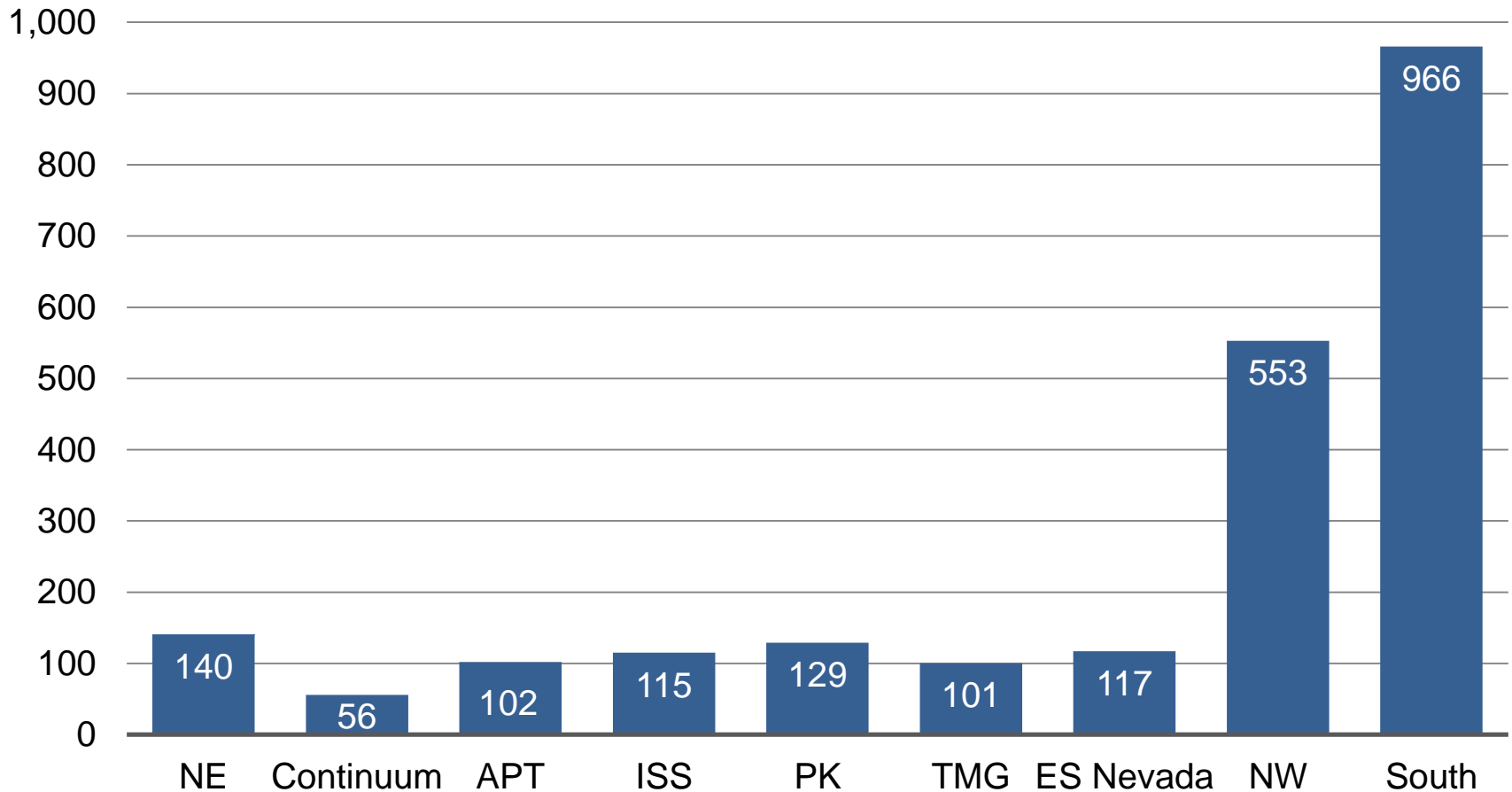
Most frequent activities include progress note writing, reviewing the IFSP, contacting families regarding the child or services, and administrative duties such as filing, TRAC, and billing.





# Service Coordination: Total Hours per Week

Based on the results of the July 2012 time and effort reporting study, developmental specialists spend nearly 2,280 hours providing service coordination activities over the course of one week.



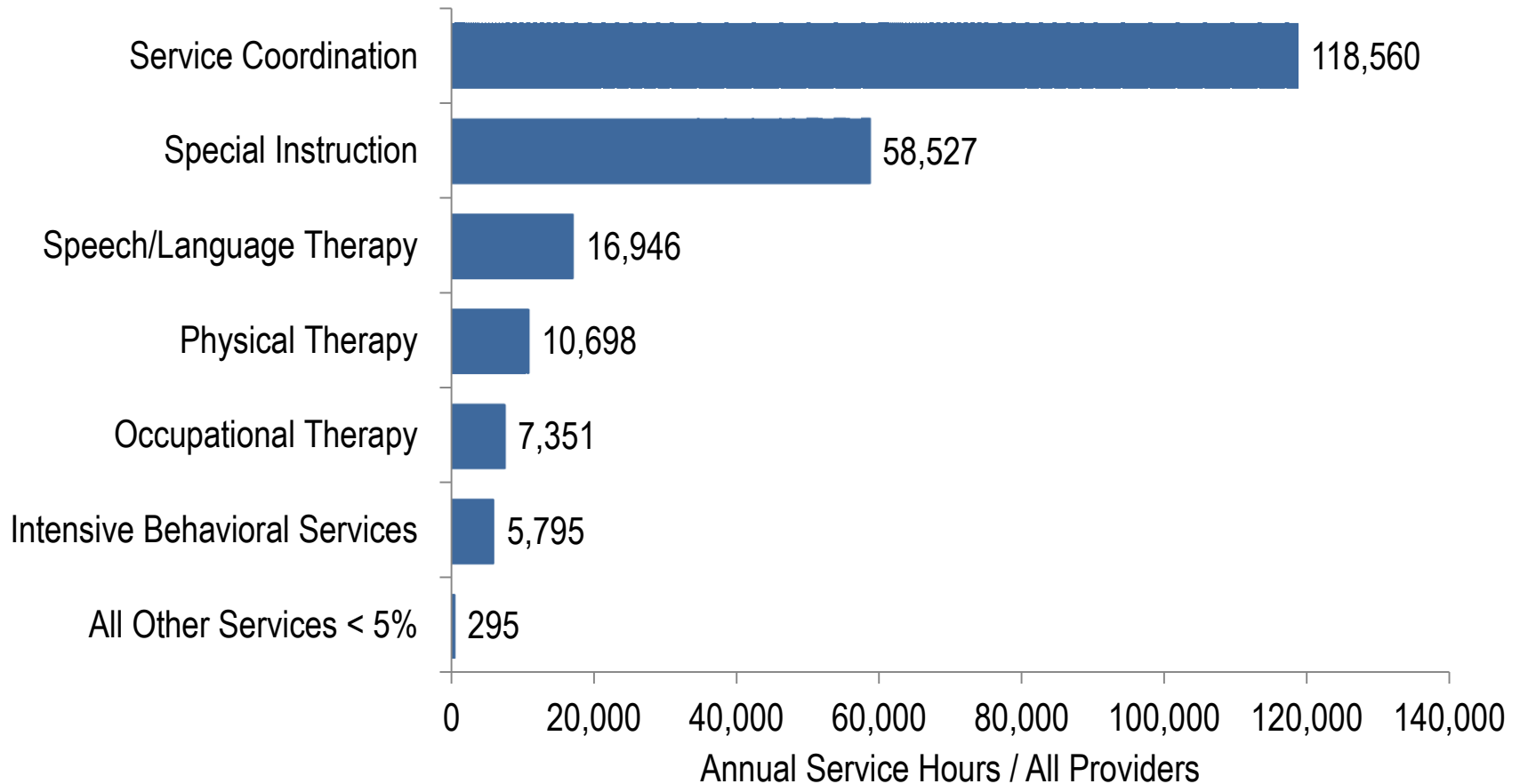
Note: NEIS NW and NEIS South sampled only a portion of all developmental specialists.

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# Services Most Frequently Received: Annual Service Levels

Adding service coordination to the service data from TRAC provides a complete picture of Nevada Early Intervention Services provided on an annual basis.



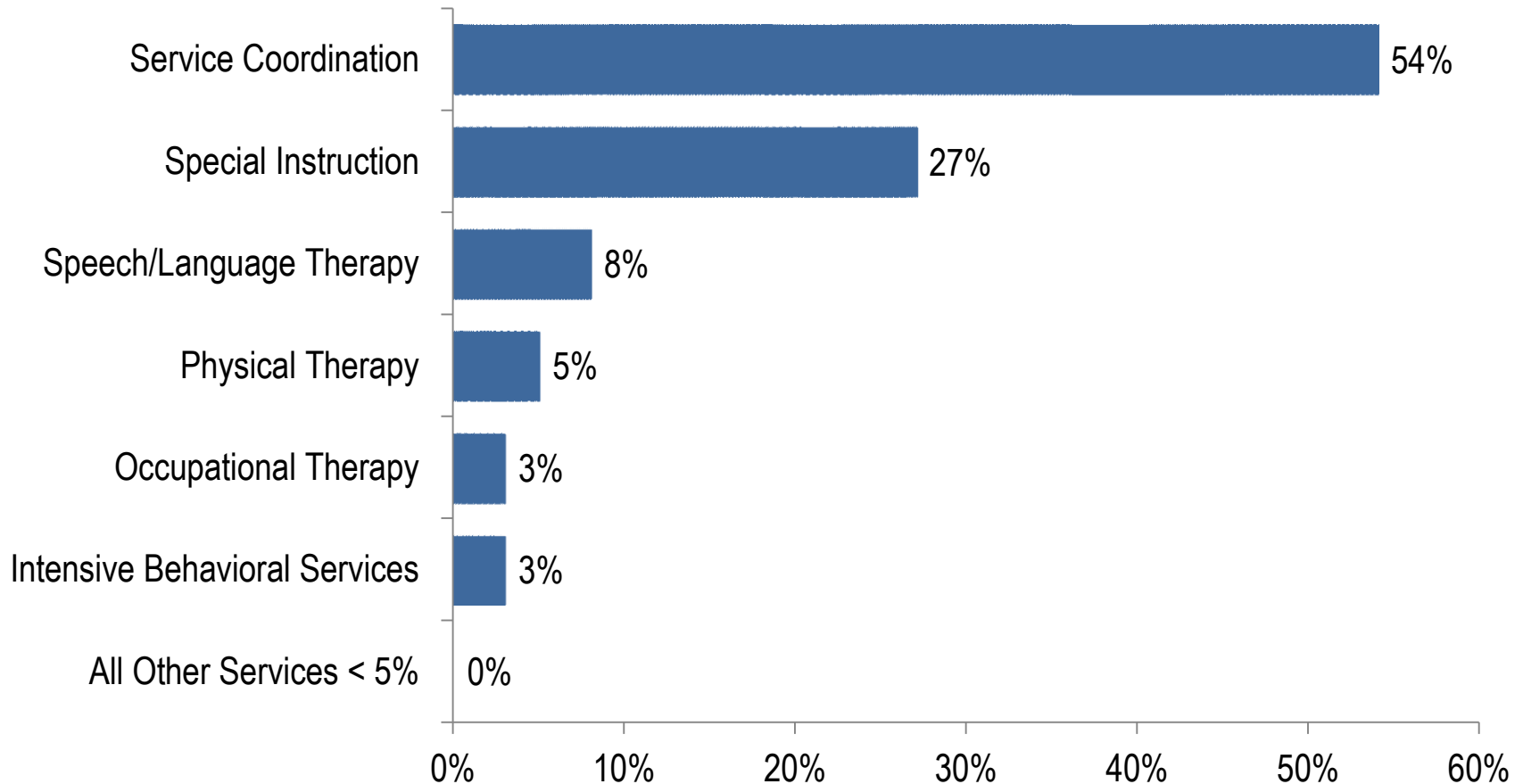
Note: While the service coordination data is derived from the July 2012 time and effort reporting study, the other services were obtained from NEIS's TRAC database for FY2010.

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# Services Most Frequently Received: Annual Service Levels

Service coordination accounts for 54 percent of all services delivered to Nevada children receiving early intervention services.



Note: While the service coordination data is derived from the July 2012 time and effort reporting study, the other services were obtained from NEIS's TRAC database for FY2010.

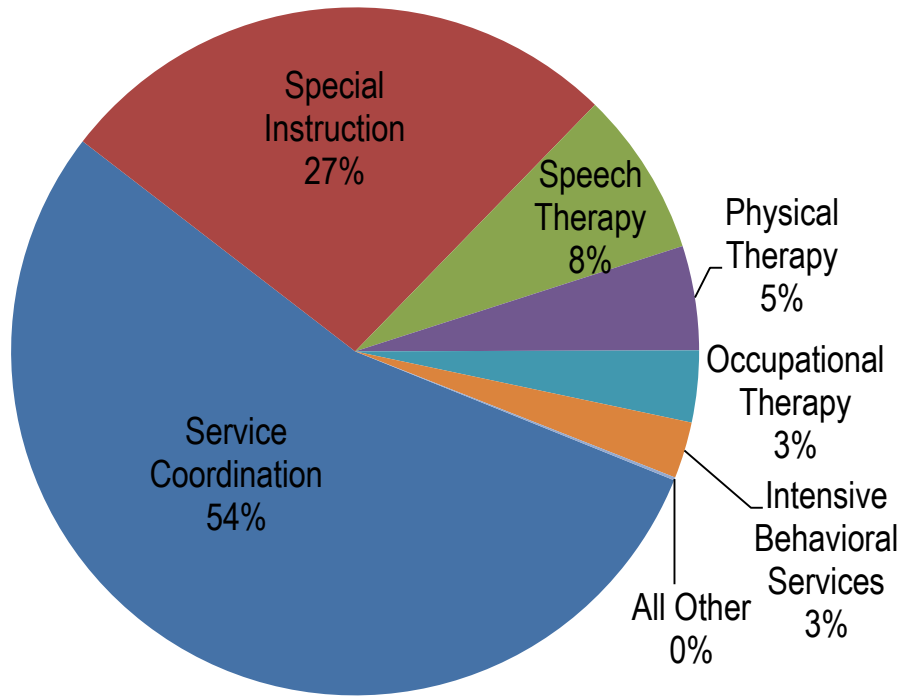
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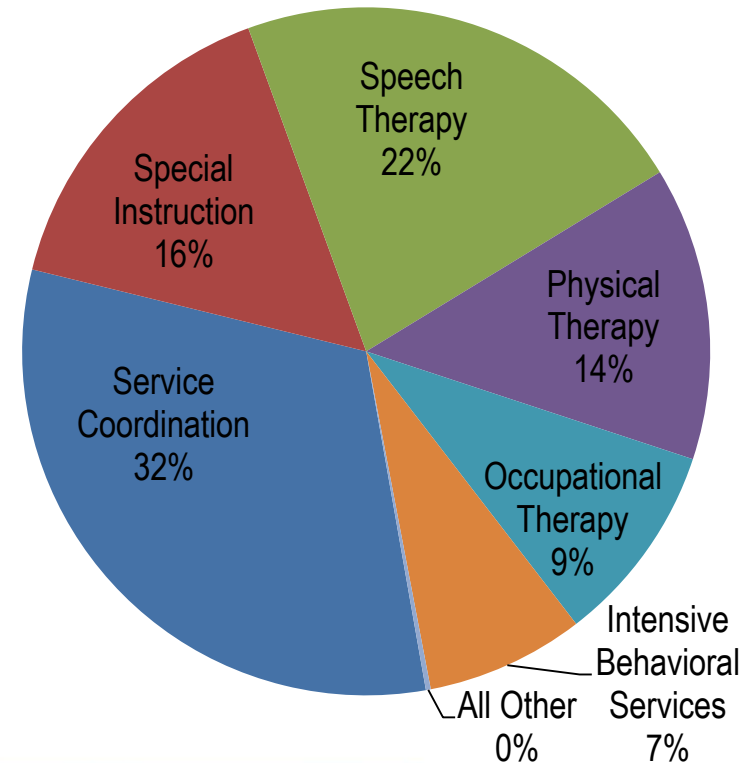
# Services Most Frequently Received: Cost of Services

While service coordination accounts for 54 percent of all services provided, due to the lower costs associated with service coordination, it accounts for only 32 percent of overall costs based on the average expenses reported by community providers during the Phase 3 Rate Study.

Services Received



Cost of Services



# Community Provider Reimbursement Rates





# Community Provider Reimbursement Rates: Frontier Premium

Serving the frontier regions of the state costs  
33 percent more per service hour compared to urban areas.

County	Hours Served	Total Expenses	Cost per Service Hour
Churchill County	1,115	\$265,122	\$238
Mineral County	13	\$4,537	\$353
Pershing County	38	\$10,834	\$284
Nye County	715	\$188,548	\$264
Elko County	1,646	\$549,674	\$334
Eureka County	10	\$3,386	\$350
Humboldt County	1,328	\$368,830	\$278
Lander County	93	\$32,603	\$350
Lincoln County	64	\$19,876	\$311
White Pine County	685	\$307,812	\$449
<b>Frontier Total / Average</b>	<b>5,706</b>	<b>\$ 1,751,223</b>	<b>\$307</b>
<b>NEIS Statewide Average</b>	<b>74,368</b>	<b>\$17,115,398</b>	<b>\$230</b>

Note: All data presented on this page is based on FY2010 data.

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# Community Provider Reimbursement Rates: Rural Premium

According to the Phase 3 Rate Study, serving the rural regions of the state is 17 percent cheaper than serving urban areas. Further decreasing the community provider reimbursement rate to reflect this fact would not incentivize providers to serve rural regions, therefore, NEIS recommends a rural premium of 13.8 percent, a rate that is roughly half of the frontier premium .

County	Hours Served	Total Expenses	Cost per Service Hour
Douglas County	2,710	\$386,299	\$143
Lyon County	2,204	\$513,962	\$233
Storey County	16	\$ 5,365	\$326
Washoe County	30	\$ 18,983	\$630
Clark County	565	\$134,606	\$238
<b>Rural Total / Average</b>	<b>5,525</b>	<b>\$1,059,215</b>	<b>\$192</b>
<b>NEIS Statewide Average</b>	<b>74,368</b>	<b>\$17,115,398</b>	<b>\$230</b>

Note: All data presented on this page is based on FY2010 data.

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# Community Provider Reimbursement Rates: Recommended Rates

Based on the information collected and reported throughout this report and the first three rate studies, recommended reimbursement rates for each geographic region are presented below. The rates presented below are recommended for the current service delivery model, anticipating that the private sector will now begin to serve the rural and frontier regions of the state.

New Rate under Current Model	Current Rate	Rural	Frontier
Current Reimbursement Rate	\$565	-	-
Premium for Rural/Frontier Regions	<u>n/a</u>	<u>13.8%</u>	<u>33.0%</u>
<b>New Reimbursement Rate</b>	<b>\$565</b>	<b>\$643</b>	<b>\$751</b>

Note: All data presented on this page is based on FY2010 data, therefore, a COLA adjustment may be necessary.

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# Community Provider Reimbursement Rates: Recommended Rates

Based on the findings from the first rate study, NEIS reduced the reimbursement rate to the private sector by \$53 per IFSP in anticipation that the private sector would increase its' Medicaid Targeted Case Management (TCM) dollars. Under the new proposed service delivery model, the state would be performing 100% of service coordination activities and community providers would no longer be eligible to collect Medicaid TCM dollars. Therefore, it is recommended that before adjusting for reduced service coordination, NEIS adds back the \$53 TCM reduction.

New Rate under Proposed Model	Current Rate	Rural	Frontier
Current Reimbursement Rate <sup>1</sup>	\$565	\$643	\$751
Medicaid TCM Premium	<u>\$ 53</u>	<u>\$ 53</u>	<u>\$ 53</u>
Medicaid Adjusted Reimbursement Rate	\$618	\$696	\$804
Adjustment for Service Coordination	<u>(27.0)%</u>	<u>(27.0)%</u>	<u>(27.0)%</u>
<b>New Reimbursement Rate<sup>2</sup></b>	<b>\$451</b>	<b>\$508</b>	<b>\$587</b>

While the actual adjustment for service coordination should be closer to 32% (based on the total cost of services on page 12 ) NEIS recommends a more conservative estimate of 27%.

Note: <sup>1</sup>All data presented on this page is based on FY2010 data, therefore, a COLA adjustment may be necessary.

<sup>2</sup>The recommended rates on this page are based on the assumption that 100% of IFSPs are going to the private sector.

<sup>3</sup>The private sector expressed concerns regarding this rate and countered with their own rate, but did not provide any support for their counterproposal, therefore, it is not shown.

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# **Staffing Model**

## **Scenario 1:**

### **Increased Caseload**

#### **38 IFSP's for Every**

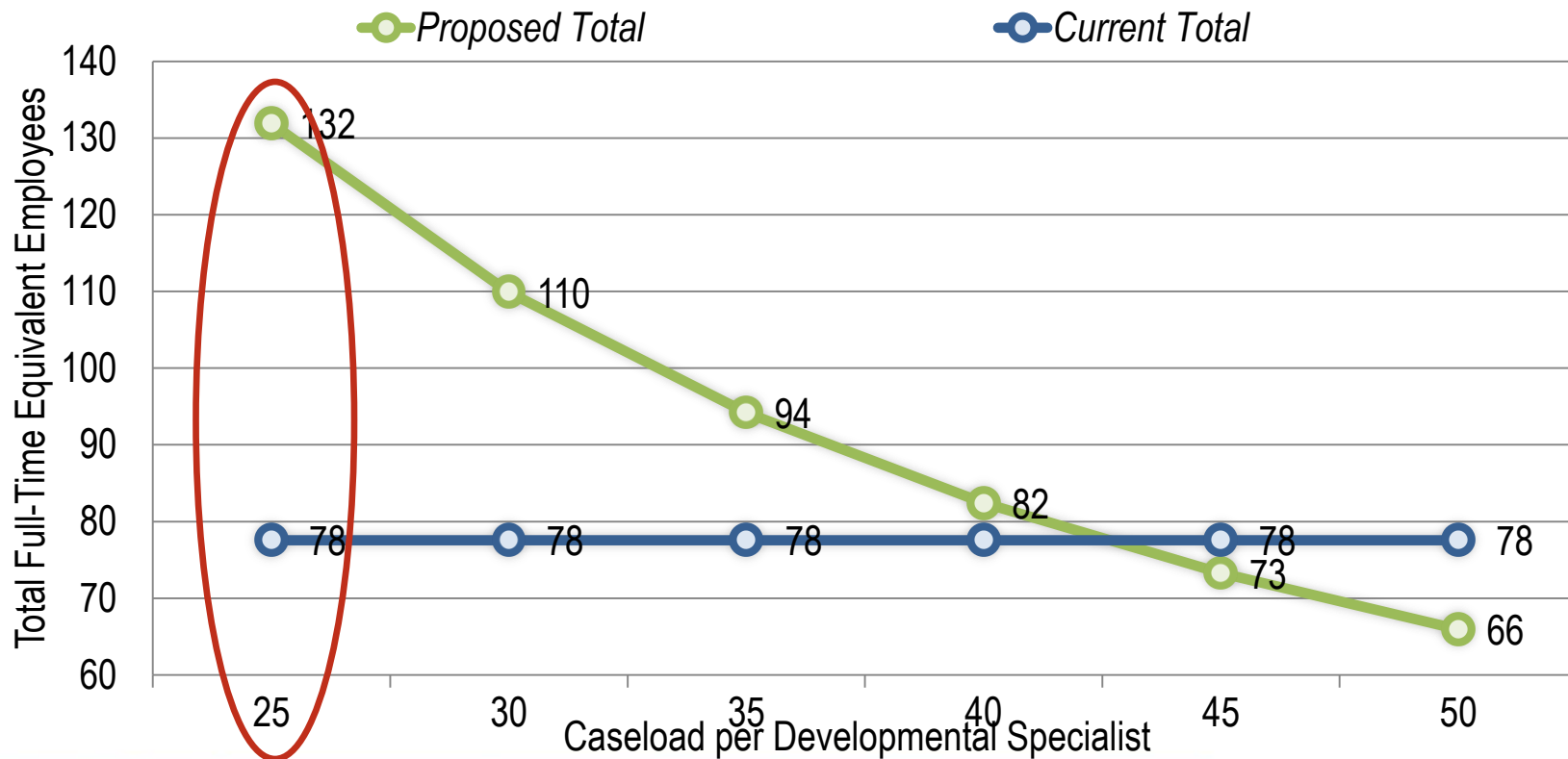
#### **DS Level 1 to 3**





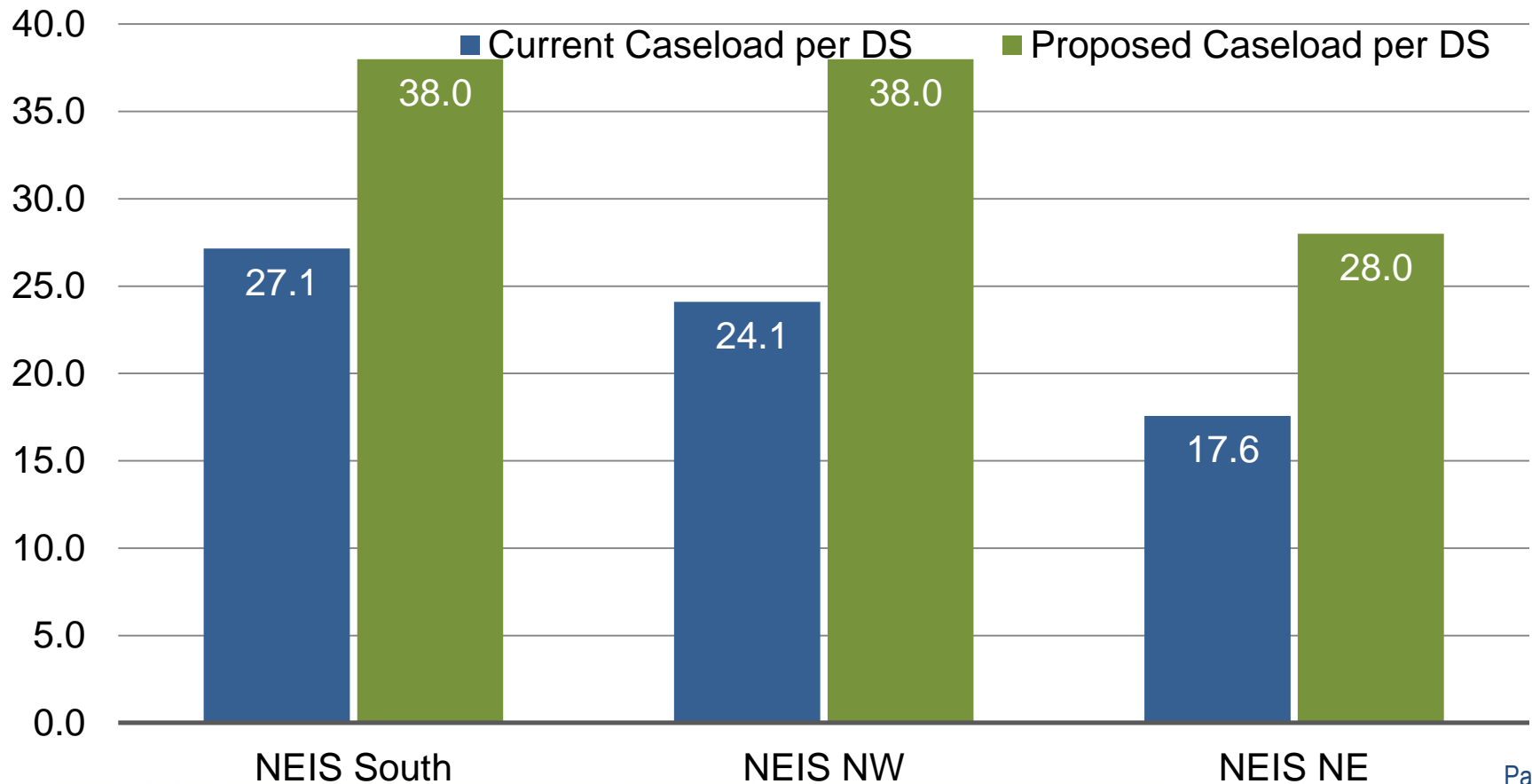
# Scenario 1: Developmental Specialists 1-3

As the state begins performing 100% of service coordination (SC), it is recommended that caseloads be increased due to the changes in activities and increased number of children that will need to be served. Current caseloads are approximately 25 IFSPs per developmental specialist 1-3. If NEIS were to provide SC to 100% of children using current caseloads, significant numbers of additional staff would be necessary.



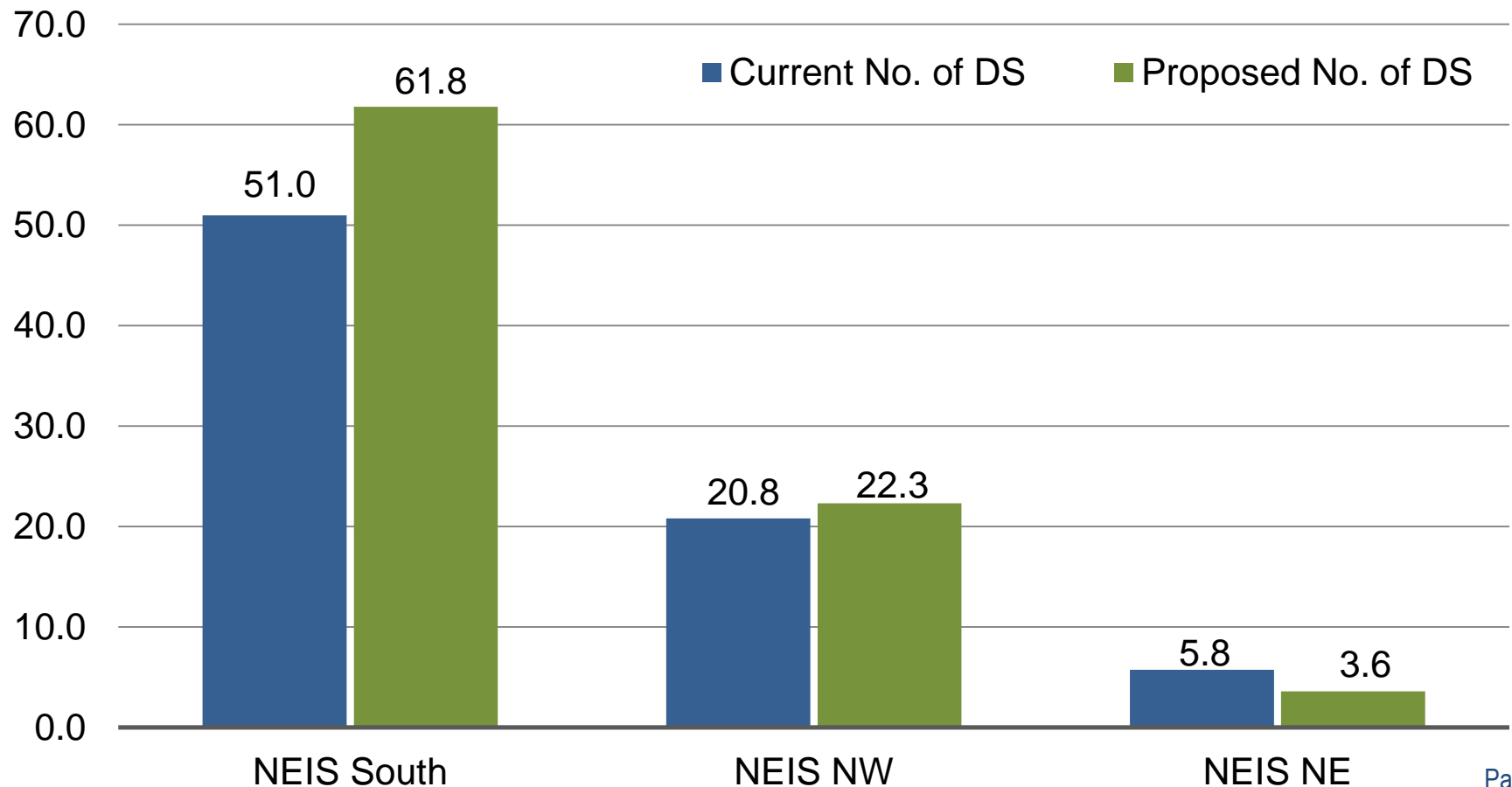
# Scenario 1: Increase Caseloads to 38

As the state begins performing 100% of service coordination, it is recommended that caseloads be increased, similar to those in aging, to achieve optimal efficiency. It is recommended that NEIS NE maintain a marginally smaller caseload due to the nature of the frontier region.



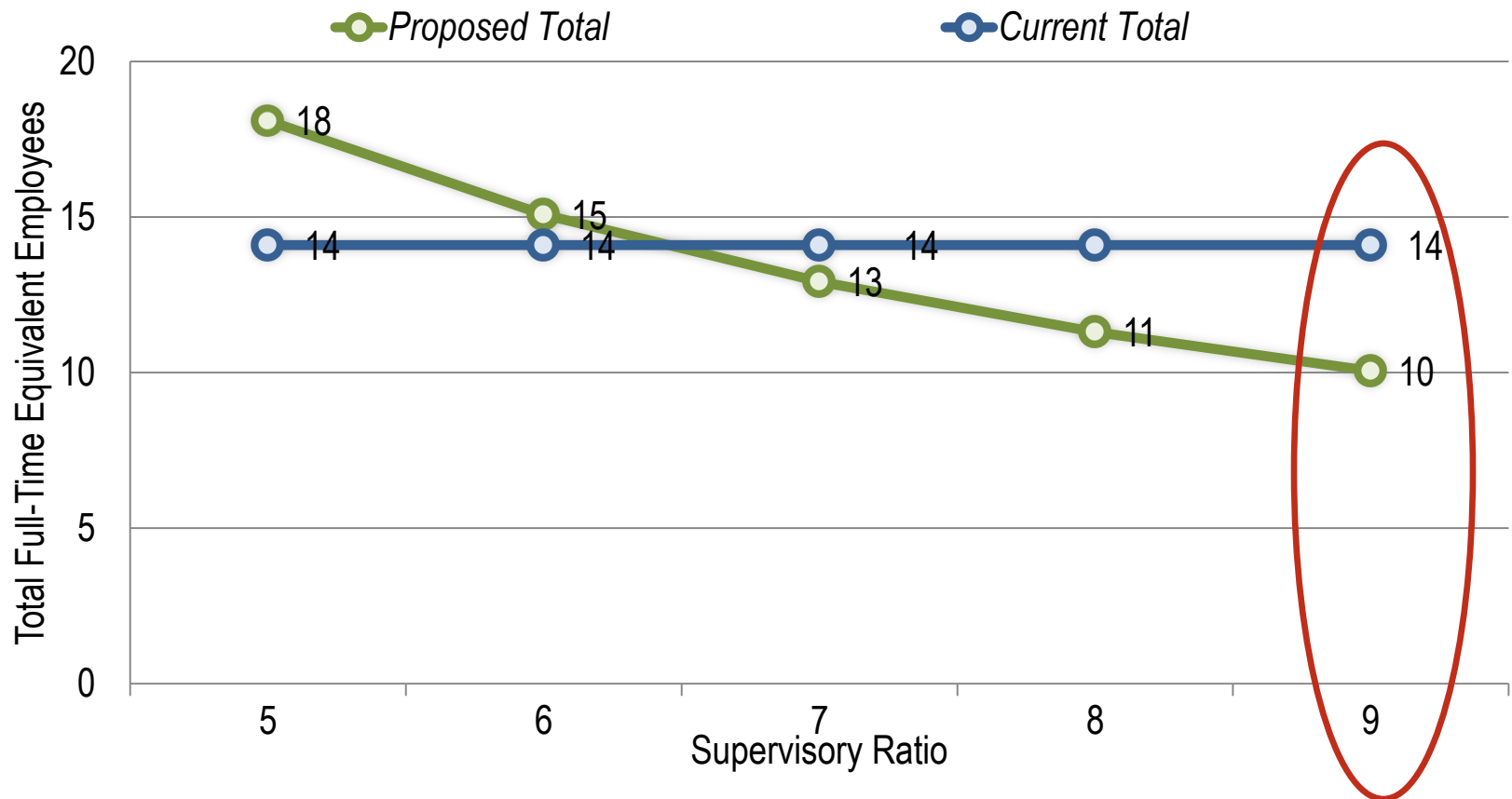
# Scenario 1: Developmental Specialists 1-3

The proposed staffing model under Scenario 1, assuming 38 IFSPs per DS in the South and NW, and 28 IFSPs in the NE, will result in an overall increase in the number of DS's required, most notably in the South.



# Scenario 1: Developmental Specialists 4

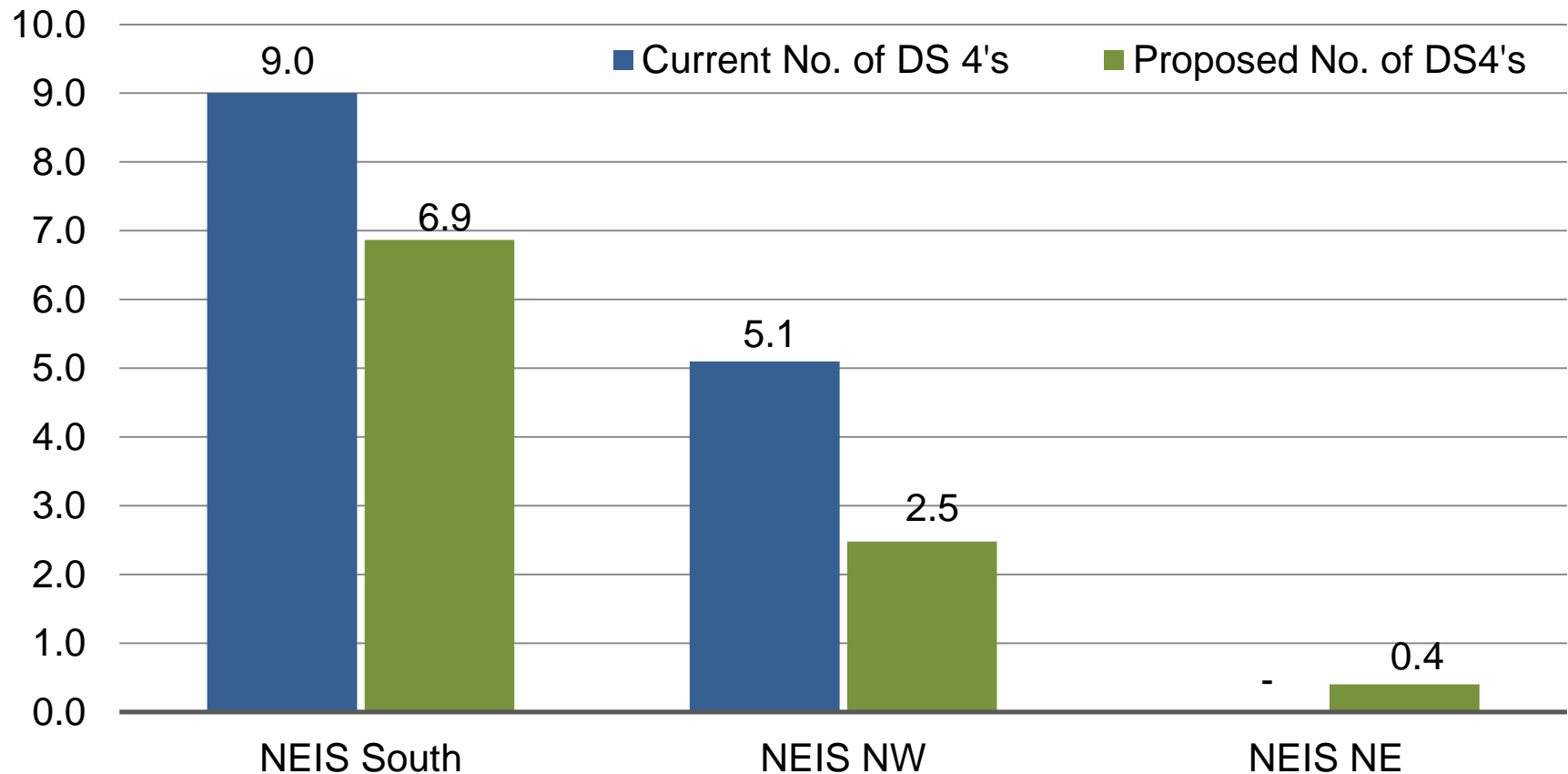
Assuming that each DS4 supervises at least 5 DS's 1-3, NEIS would need to add 4 new DS 4's to maintain the current supervisory ratio. As the supervisory ratio is increased, NEIS can operate with less DS4's. It is recommended in both scenarios that the supervisory ratio be consistent with aging at 9.



Note: Projections are based on allocating supervisors for service coordination only. Supervisors may also be required for other activities.

# Scenario 1: Developmental Specialists 4

The proposed staffing model, assuming a caseload of 38 IFSP's per DS and an increased overall number of children served, will result in an increased number of DS's (1-3), but a small decrease in the number of required supervisors.



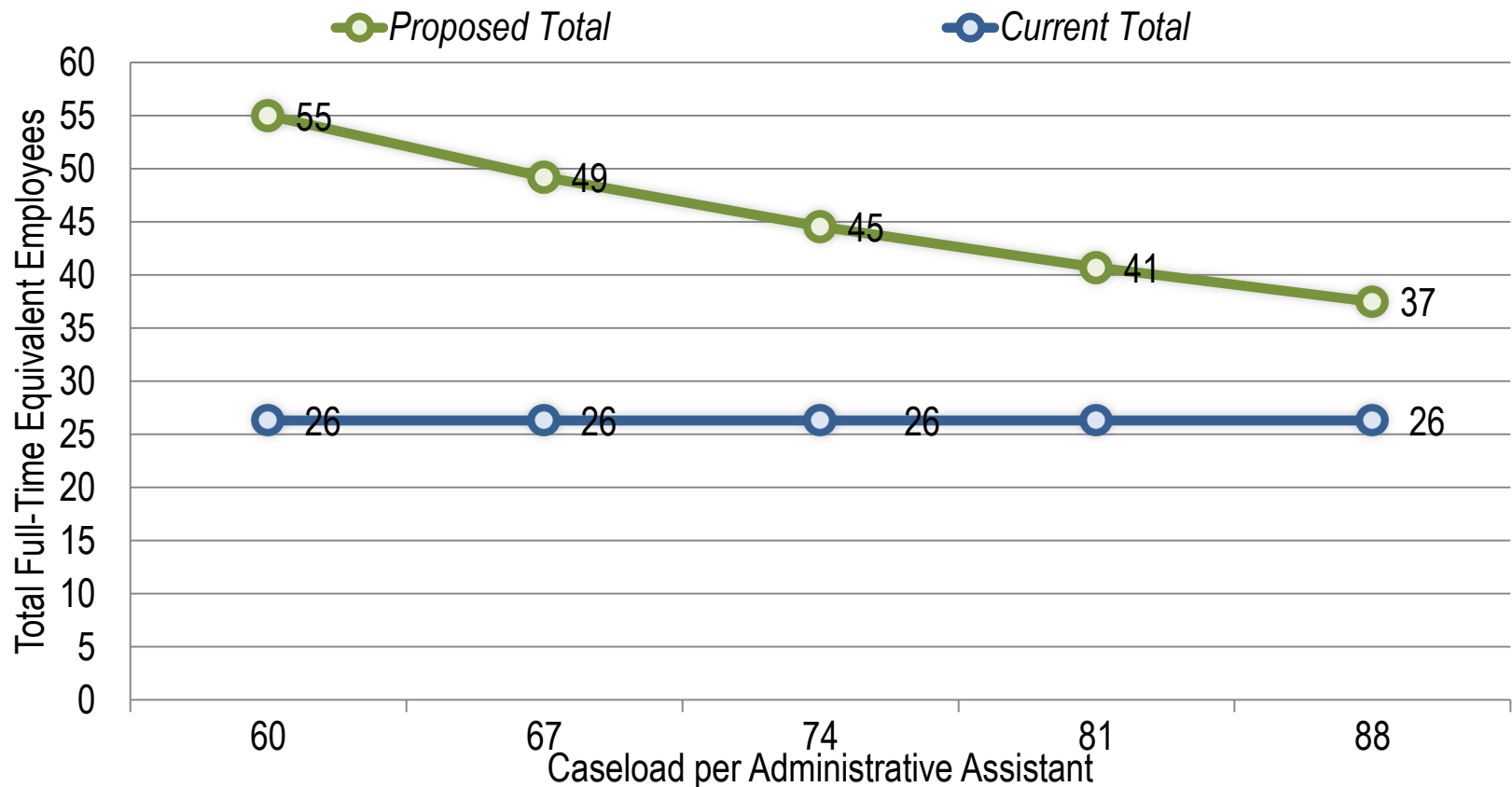
Note: Projections are based on allocating supervisors for service coordination only. Supervisors may also be required for other activities.





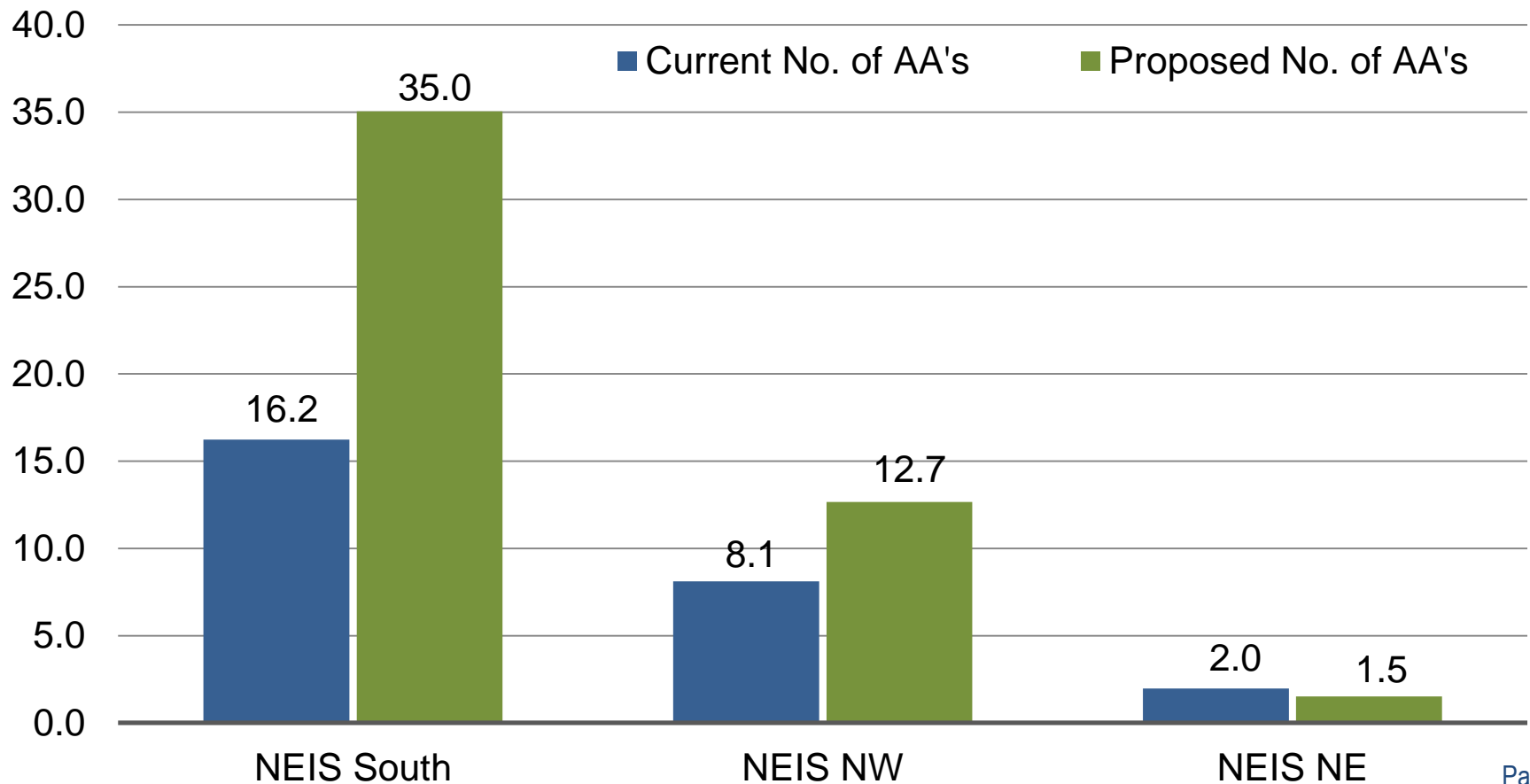
# Staffing Ratios: Administrative Assistants

If the state performs 100% of SC, administrative caseloads will be increased, resulting in a corresponding increase in the number of required administrative assistants. A caseload ratio between 67 and 81 is recommended for each administrative assistant.



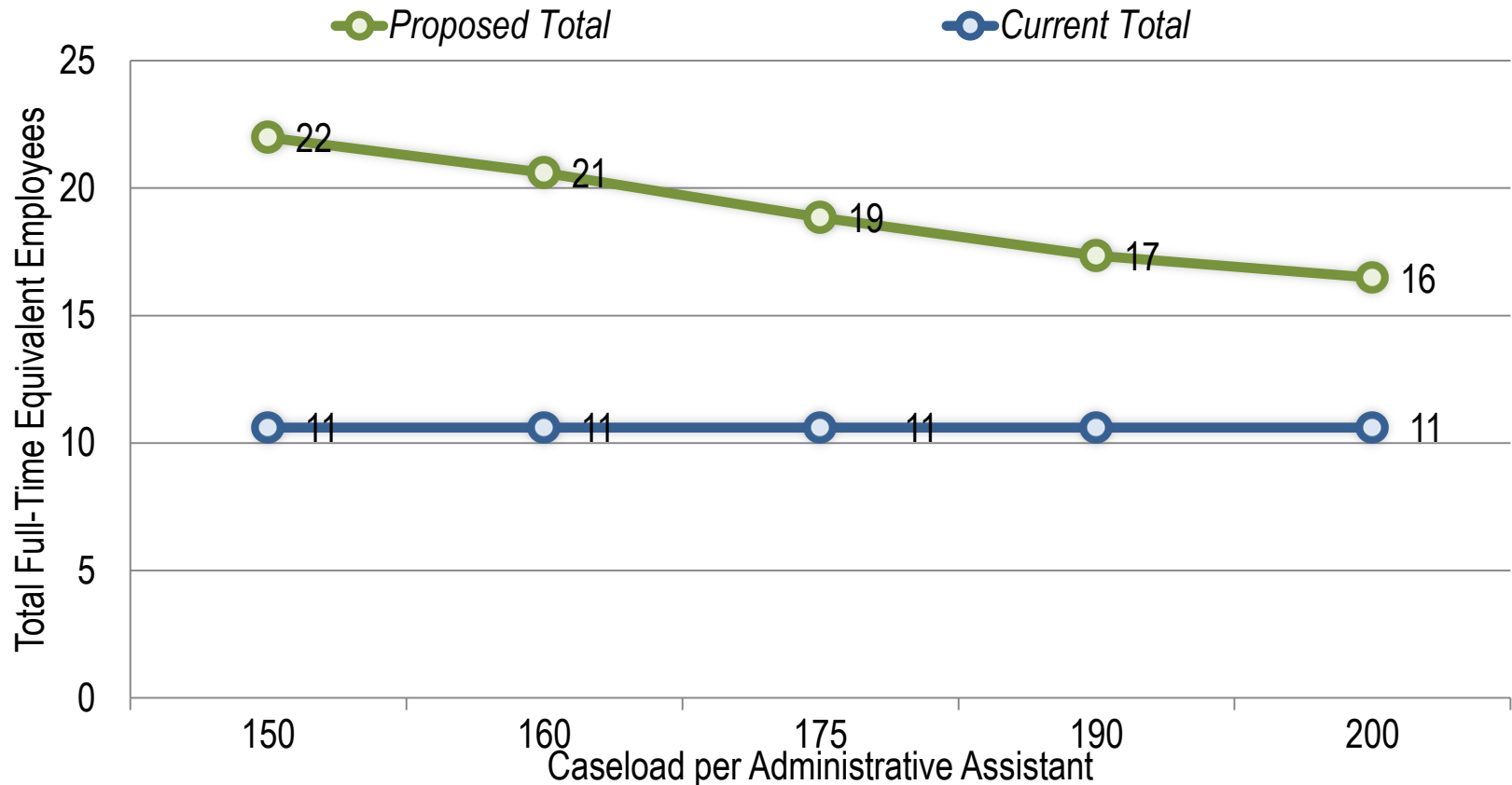
# Staffing Ratios: Administrative Assistants

If the state performs 100% of SC and each administrative assistant has a caseload of 67, the corresponding increase in the number of required administrative assistants is presented below.



# Staffing Ratios: Accounting Assistants

If the state performs 100% of SC, billing duties will be increased, resulting in a corresponding increase in the number of required accounting assistants. A caseload ratio of 160 has been proposed for each accounting assistant.



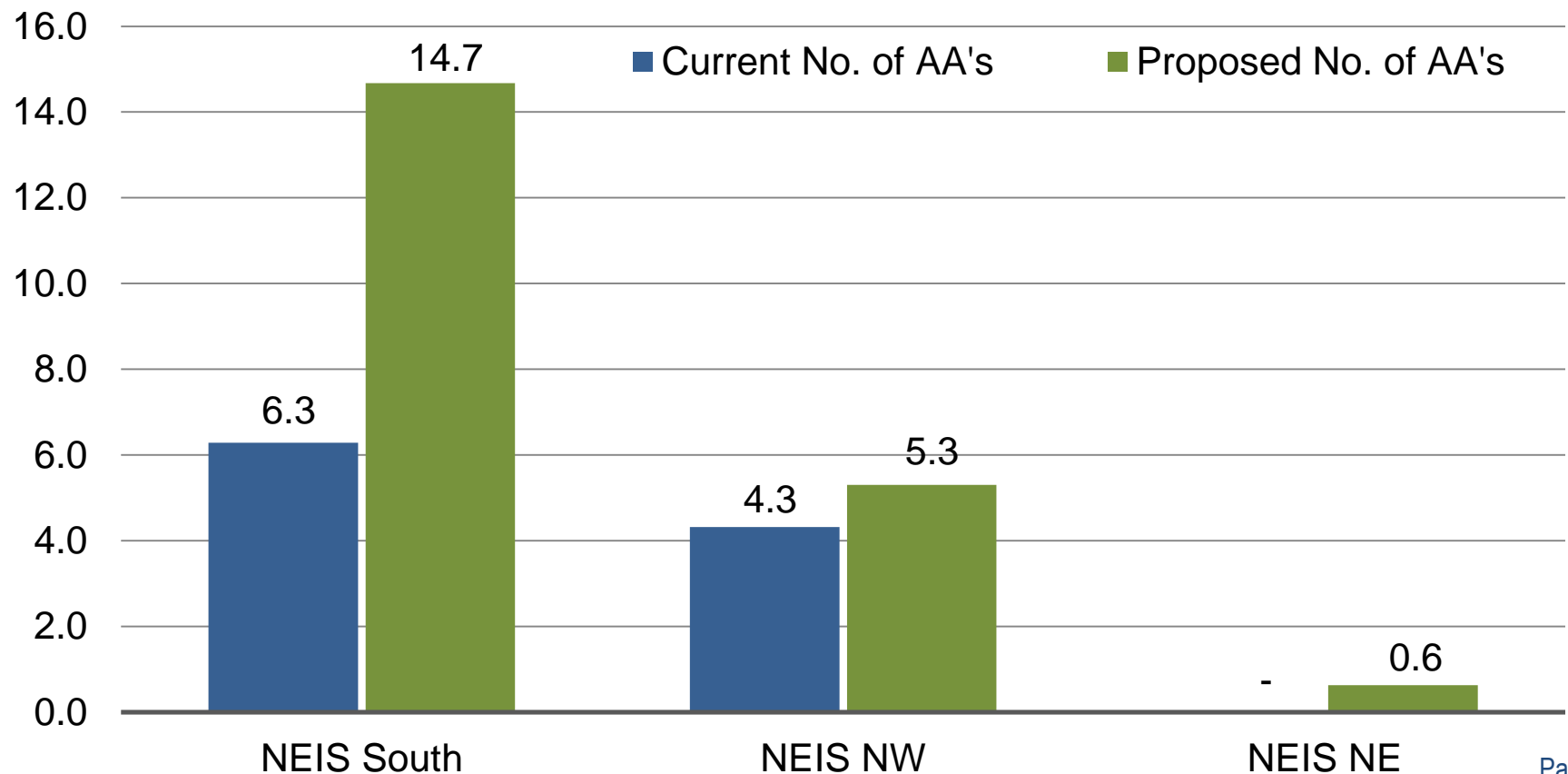
Note: Current staffing for accounts payable remains the same, regardless of caseload. Increases in accounting assistants are specific to accounts receivable.

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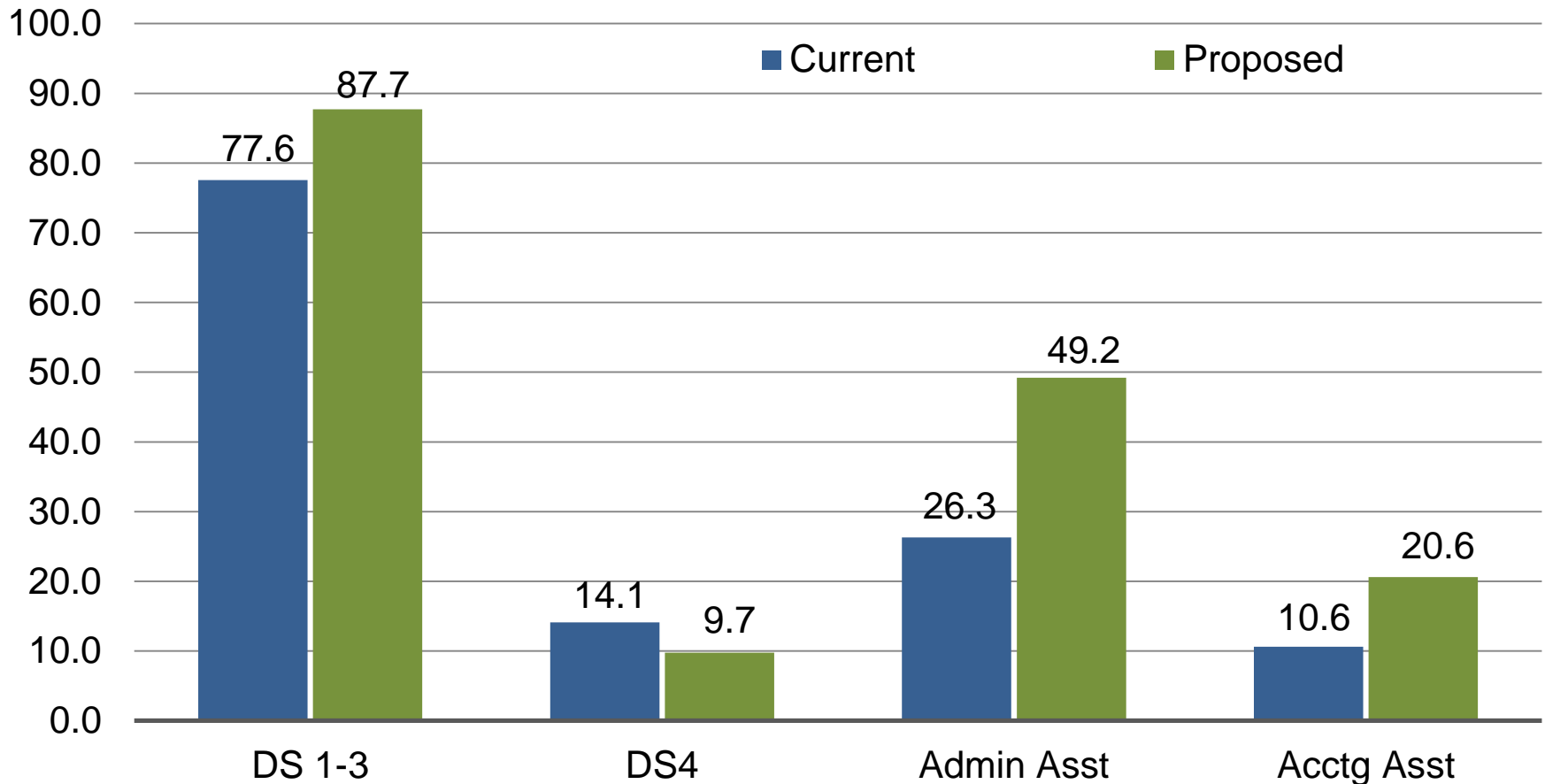
# Staffing Ratios: Accounting Assistants

Similar to the results for administrative assistants, increased caseloads will necessitate increases in the level of accounting assistants required to monitor community providers and perform billing functions. A caseload of 160 IFSPs per accounting assistant will result in the following increases.



# Scenario 1: Staffing Summary

Assuming the state performs 100% of service coordination, and each developmental specialist increases their caseload to 38, NEIS will need to hire an additional 39 staff.

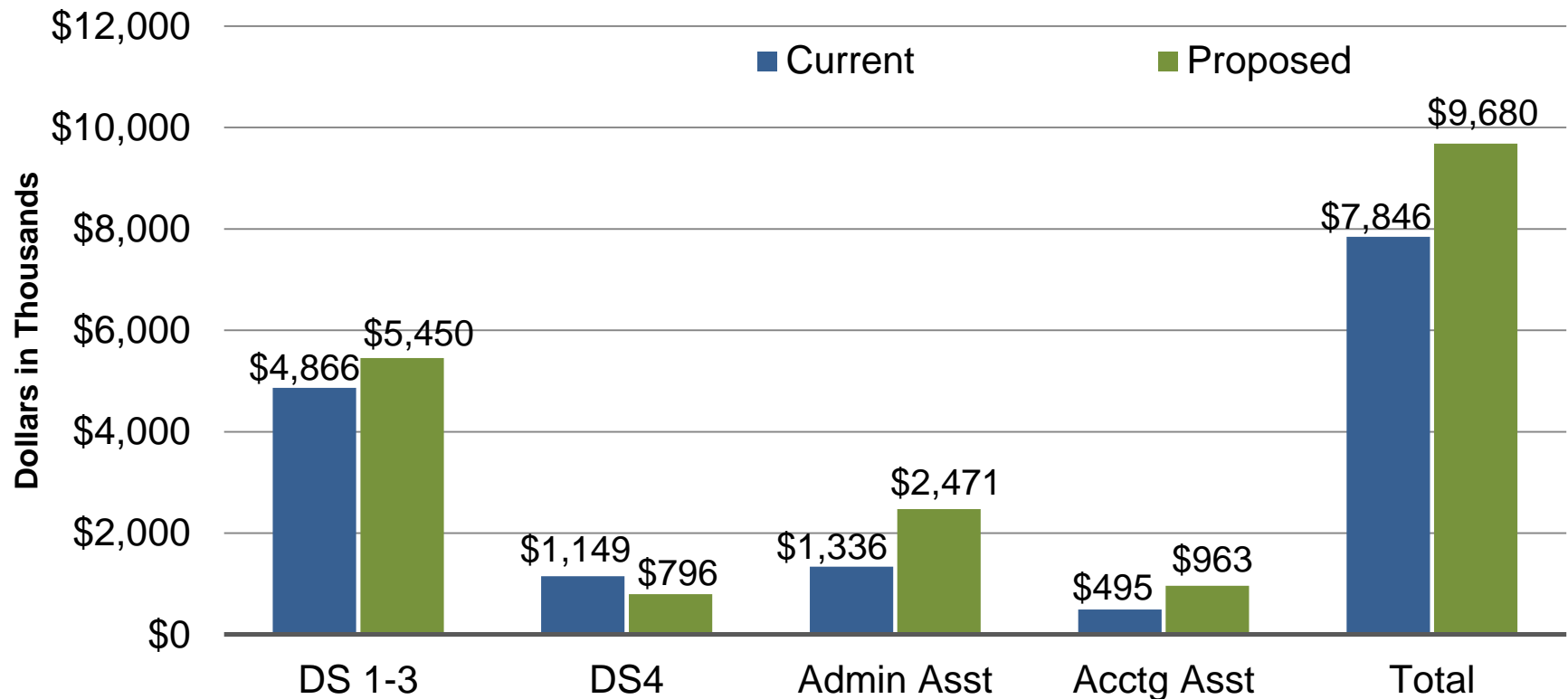


Note: (1) Changes in the number of administrative and accounting assistants are identical in both proposed scenarios.  
(2) Translation services are not included, but will need to be accounted for.



# Scenario 1: Staffing Summary

Assuming the state performs 100% of SC at a caseload ratio of 38 IFSPs per DS, the estimated Category 1 personnel expense is approximately \$9.6 million per year. This service delivery model will cost an additional \$1.8 million per year (compared to the current model), resulting in an estimated 23% increase in personnel expenses.



Note: (1) Changes in the number of administrative and accounting assistants are identical in both proposed scenarios.  
(2) Translation services are not included, but will need to be accounted for.

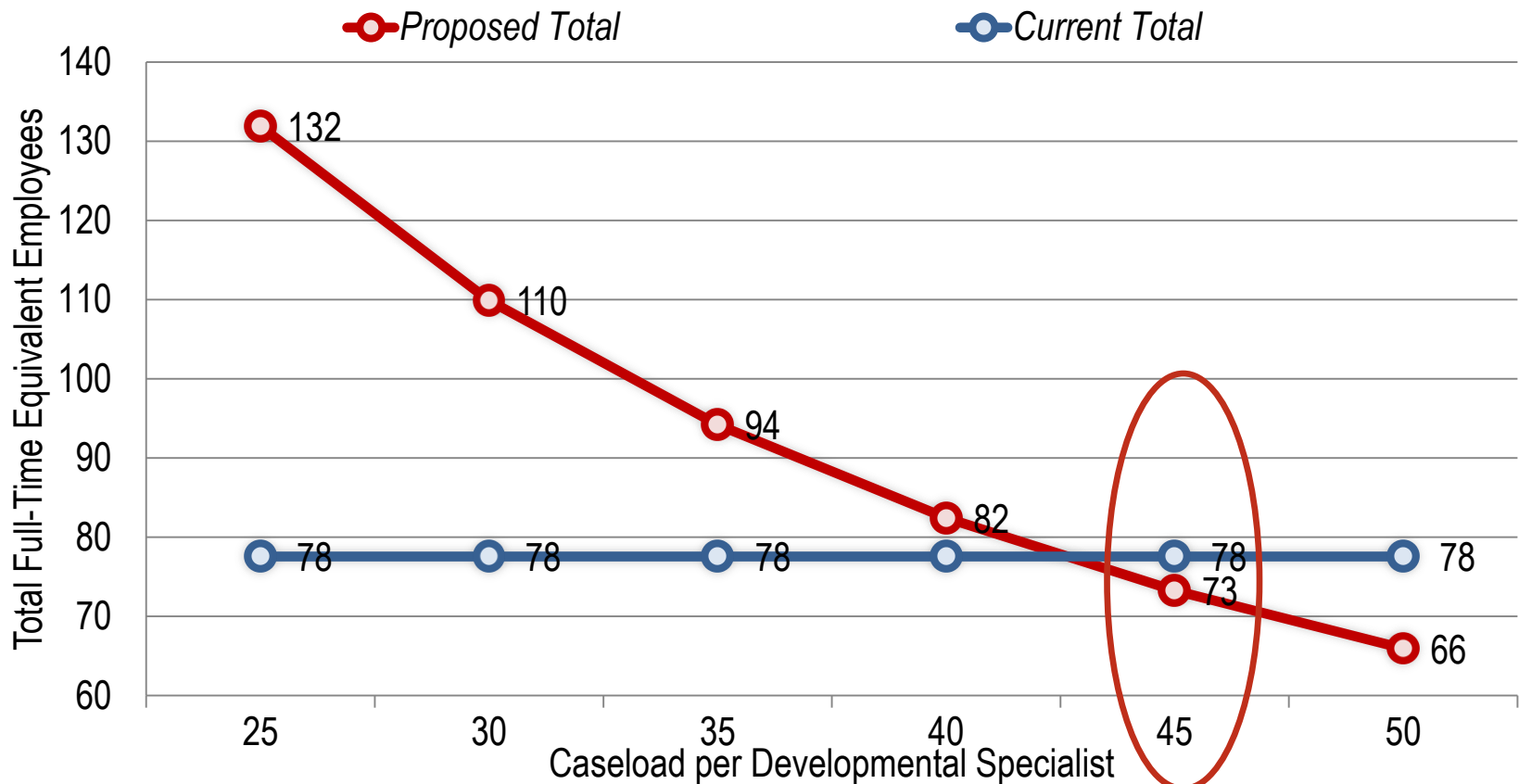


**Staffing Model  
Scenario 2:  
Increased Caseload  
45 IFSP's for Every  
DS Level 1 to 3**



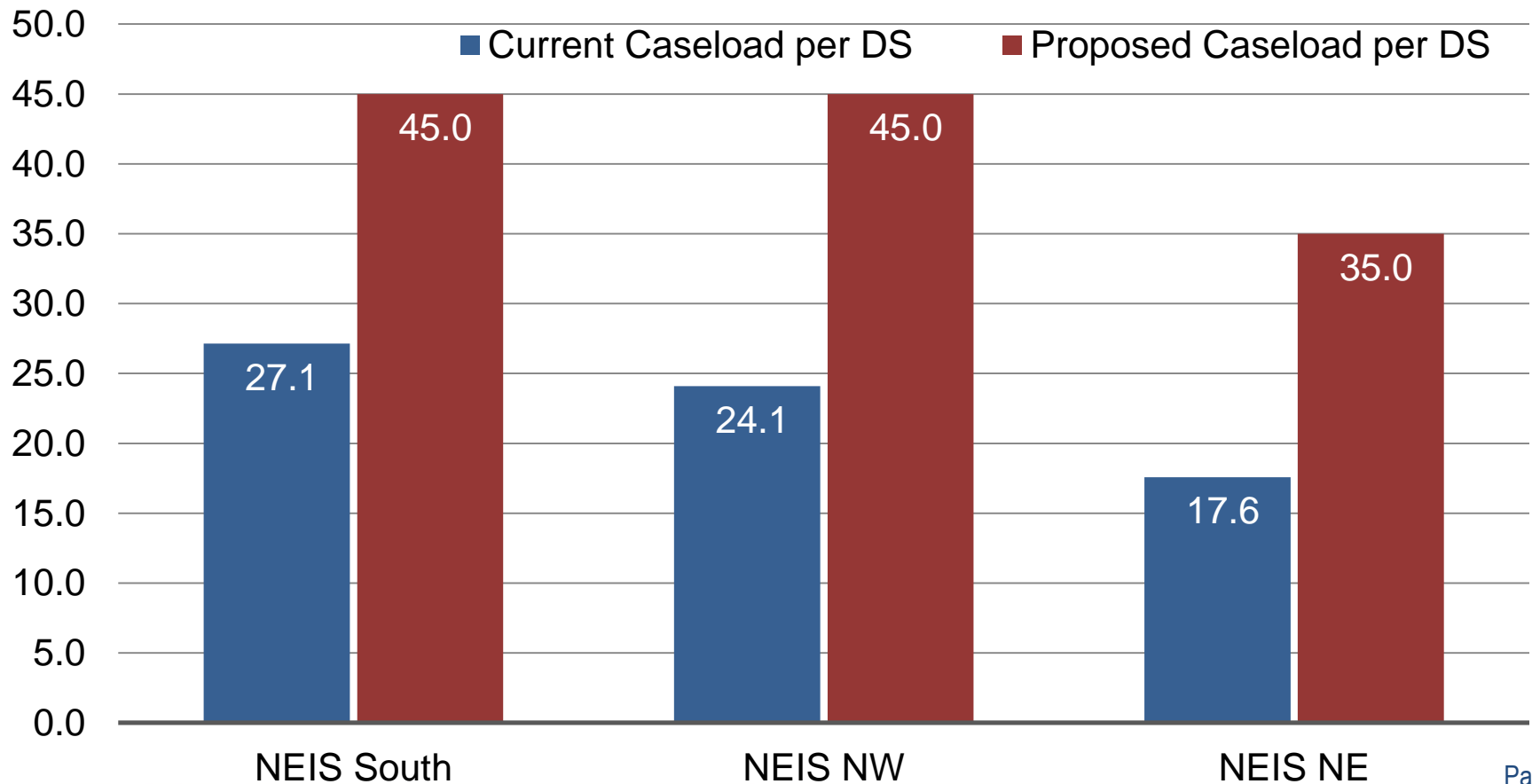
# Scenario 2: Developmental Specialists 1-3

As the state completes its transition and is performing 100% of service coordination, it is recommended that the caseload be increased to a minimum of 45 children per DS to achieve optimal efficiency.



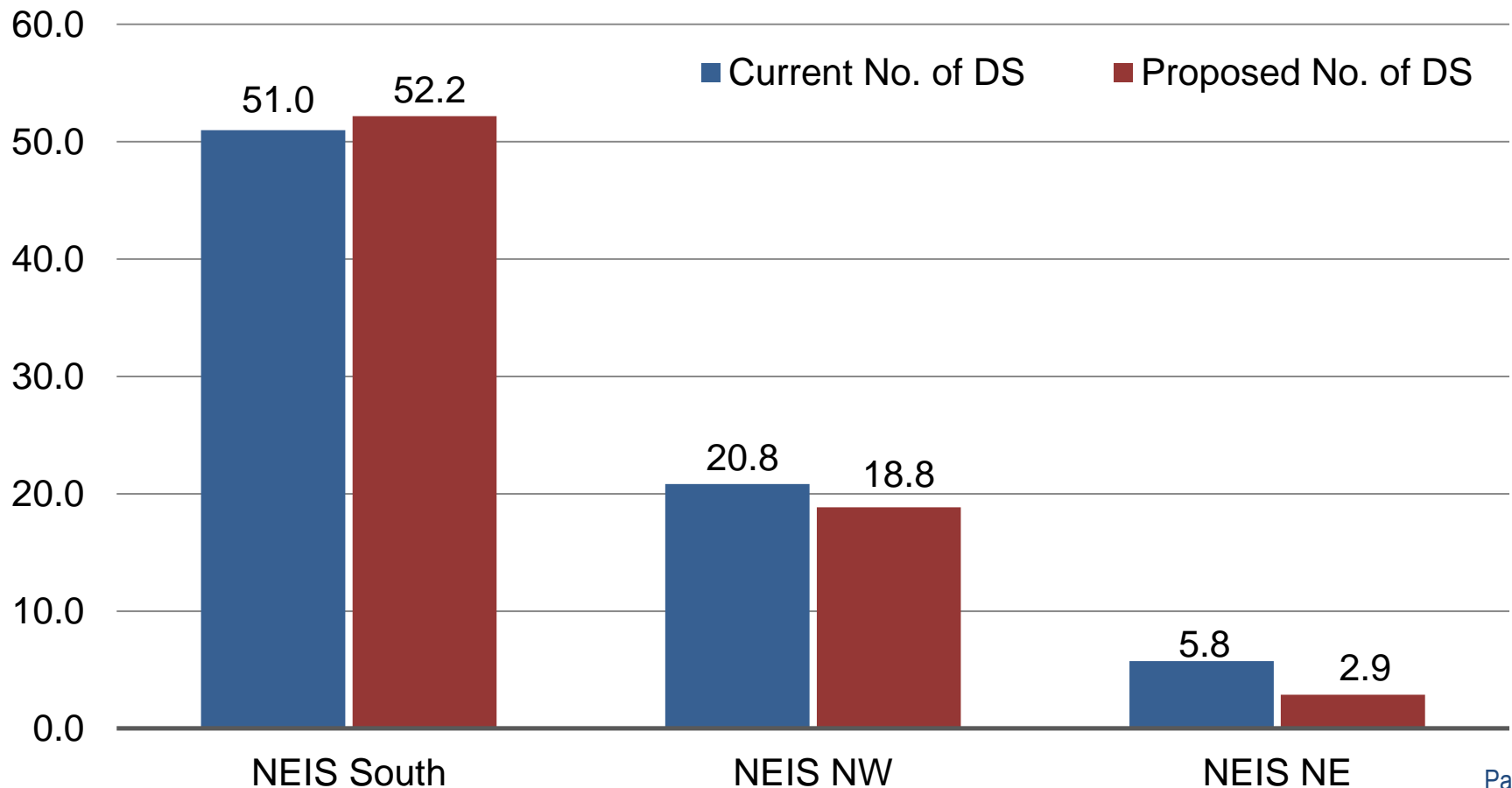
# Scenario 2: Increase Caseloads to 45

While NEIS South and NEIS NW will increase caseloads to 45, it is recommended in both scenarios that NEIS NE maintain a smaller caseload due to the nature of the frontier region.



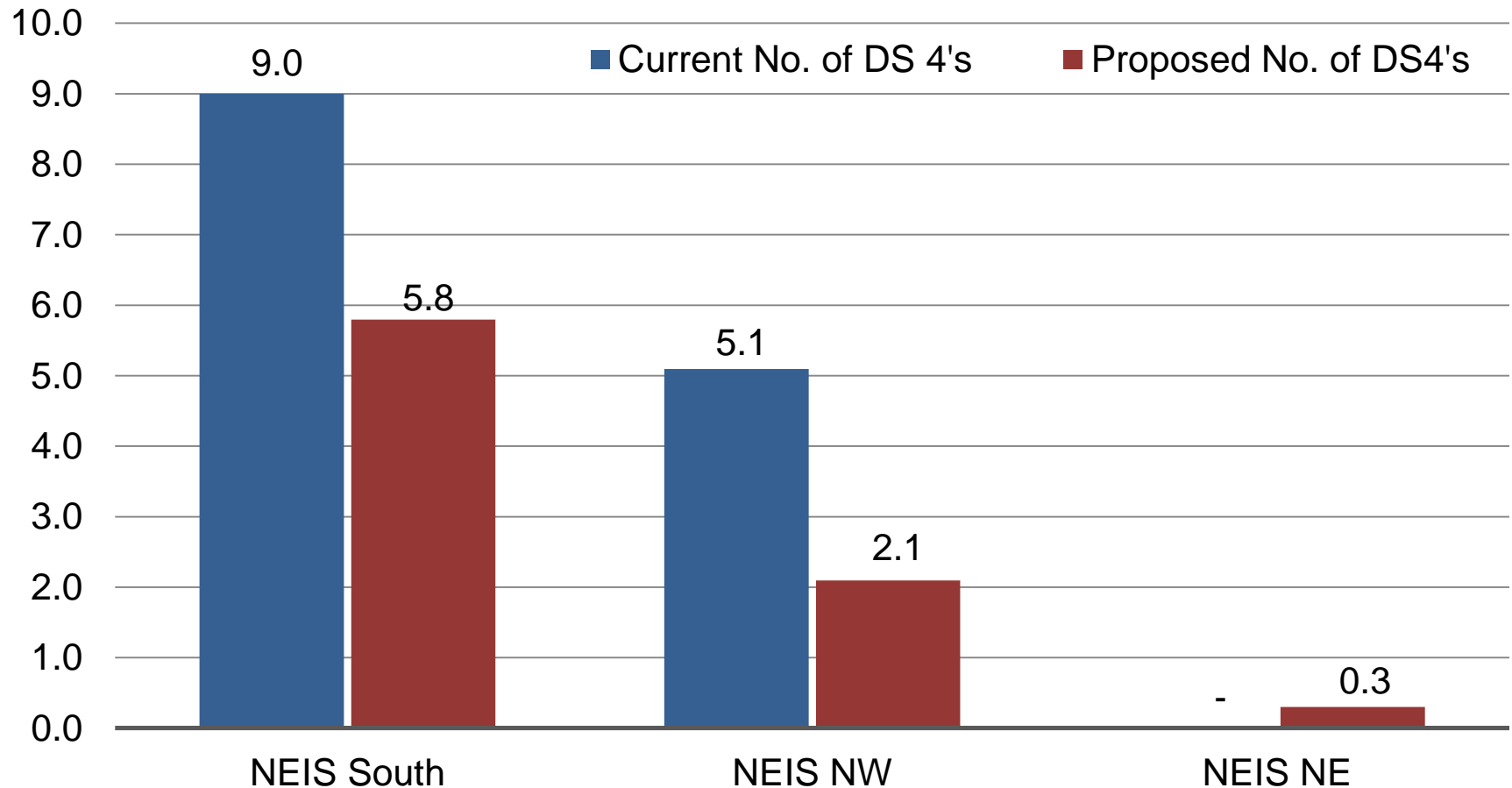
# Scenario 2: Developmental Specialists 1-3

The proposed staffing model under Scenario 2, assuming 45 IFSPs per DS, will result in negligible changes to current staffing levels. Small decreases in the number of DS's required in the north are noted, in addition to a small increase in the south.



# Scenario 2: Developmental Specialists 4

Reducing the number of developmental specialists (levels 1-3) and increasing the supervisory caseload to 9 will result in a corresponding decrease in the number of supervisors required (DS4).

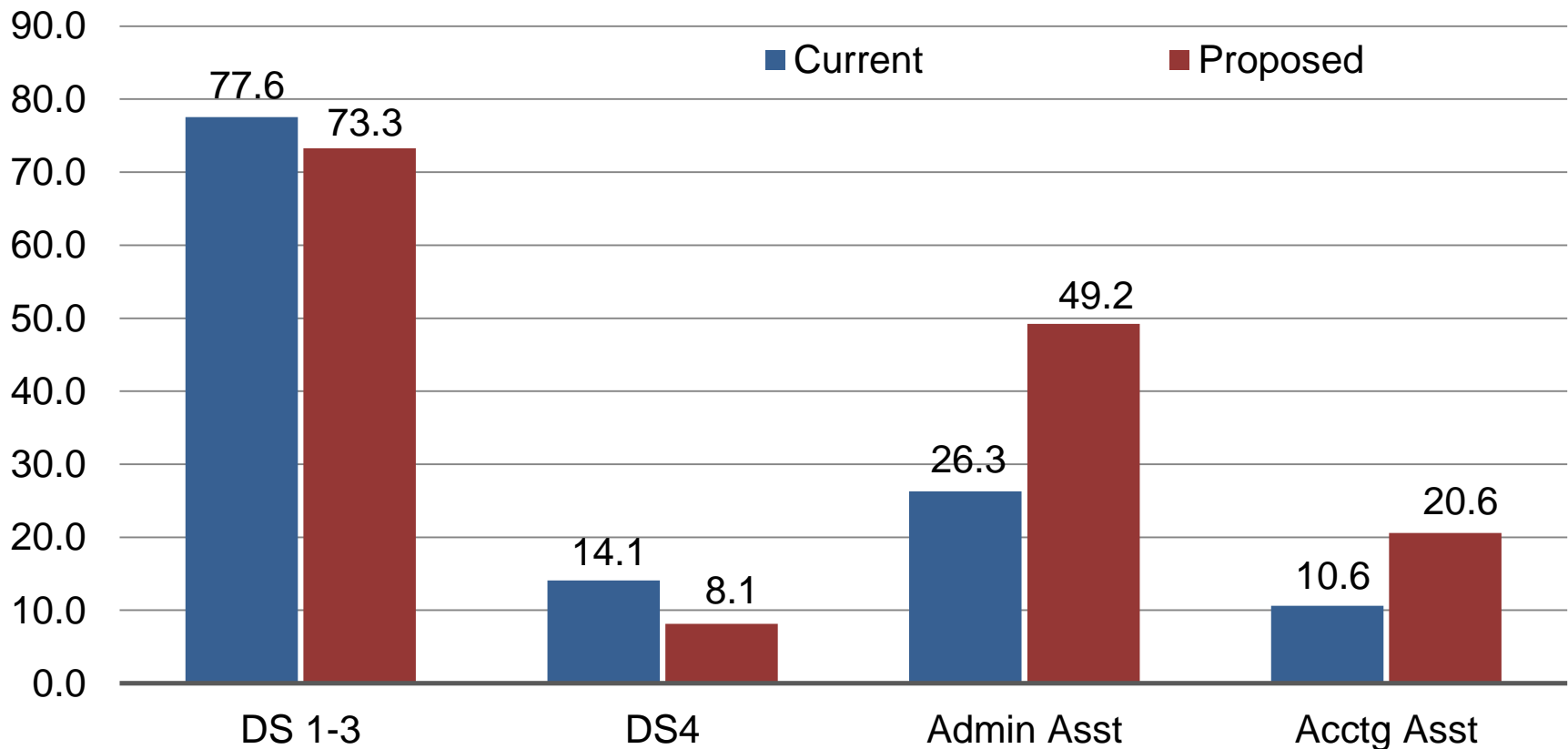


Note: Projections are based on allocating supervisors for service coordination only. Supervisors may also be required for other activities.



# Scenario 2: Staffing Summary

Assuming the state performs 100% SC, and each DS maintains a caseload of 45 IFSPs, NEIS will need to hire 23 additional staff. That said, NEIS will decrease more costly positions (developmental specialists) and increase less costly positions (administrative and accounting assistants).



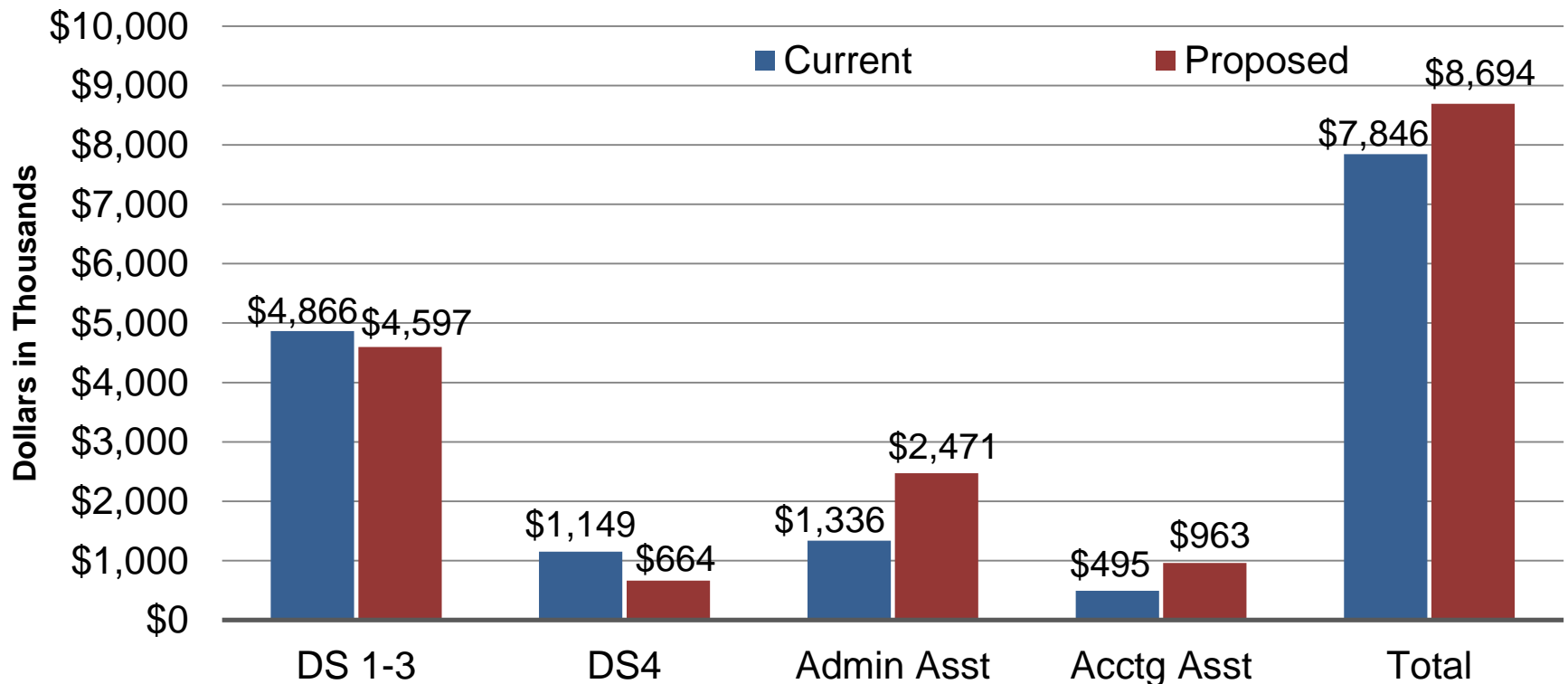
Note: (1) Changes in the number of administrative and accounting assistants are identical in both proposed scenarios.  
(2) Translation services are not included, but will need to be accounted for.





# Scenario 2: Staffing Summary

Assuming the state performs 100% of SC at a caseload ratio of 45 IFSPs per DS, the estimated Category 1 personnel expense is approximately \$8.7 million per year. This service delivery model will cost an additional \$848K per year (compared to the current model), resulting in an estimated 11% increase in total personnel expenses.



Note: (1) Changes in the number of administrative and accounting assistants are identical in both proposed scenarios.  
(2) Translation services are not included, but will need to be accounted for.



# Items Requiring Special Consideration In Both Scenarios

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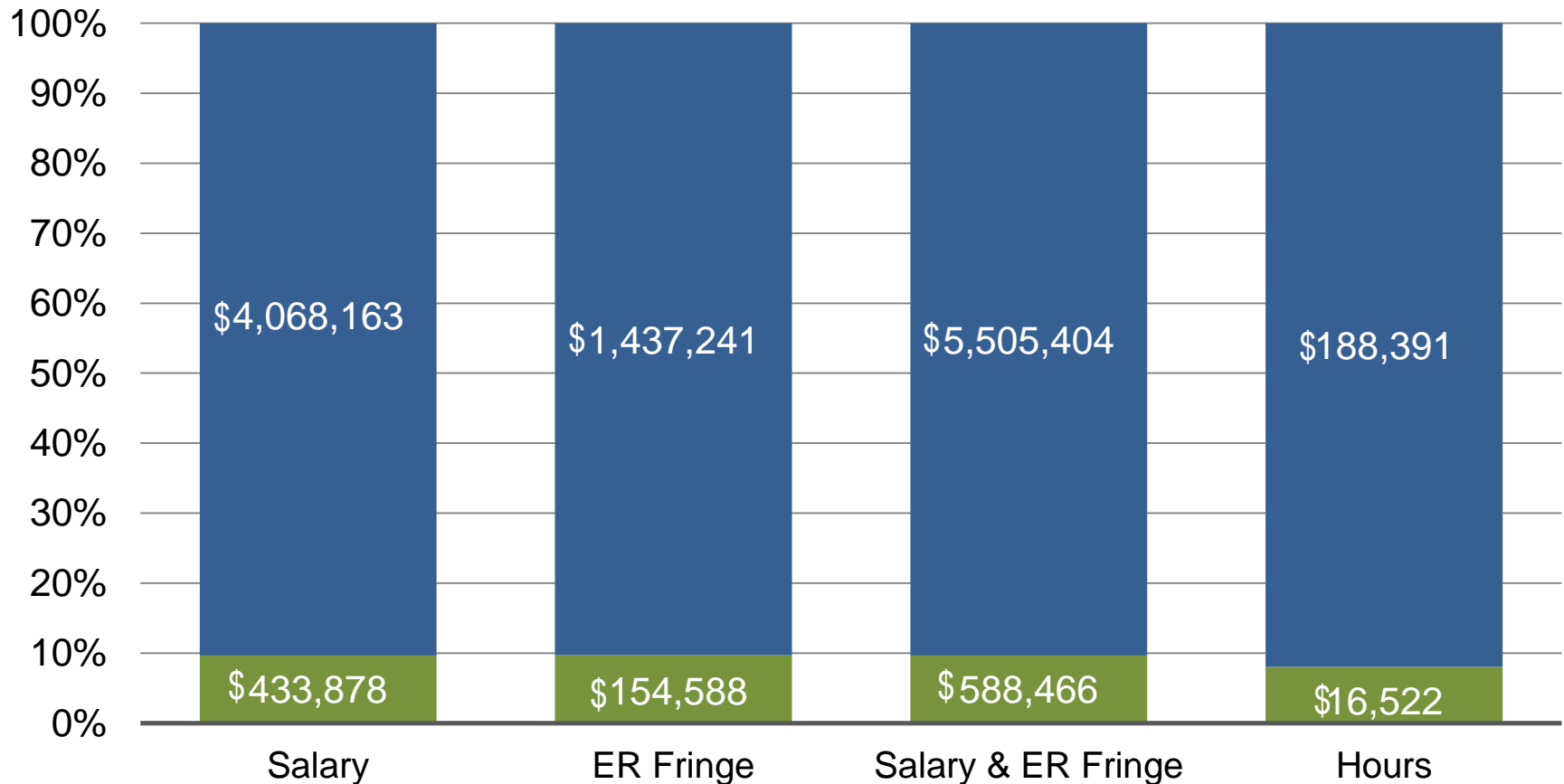
- Translation services would be needed to support service coordination. These hours and staff costs were not part of the study but must be considered when building a budget.
- Supervision calculations for DS 4's were only based on the ratio of supervisors needed for service coordination, and not any other services (special children's clinic or more general support of staff).
- NEIS NE will need to maintain a smaller caseload due to the nature of the frontier region.
- Current staffing for accounts payable remains the same, regardless of caseload. Increases in accounting assistants are specific to accounts receivable.
- Changes in the number of administrative and accounting assistants are identical in both proposed scenarios.

# Services not Funded by Part C



# Services not Funded by Part C: NEIS South FY 2012

Personnel services not funded by Part C account for 10 percent of NEIS personnel expenses, and 8 percent of NEIS total hours (includes overtime and additional) in the southern region.



Note: (1)ER Fringe refers to employer subsidy for benefits.  
(2)Contractor expenses are not included.

■ Non-Part C ■ Part C



# Services not Funded by Part C: NEIS South FY 2012

Specialized services utilize 7.9 full-time equivalent employees at various staffing levels.

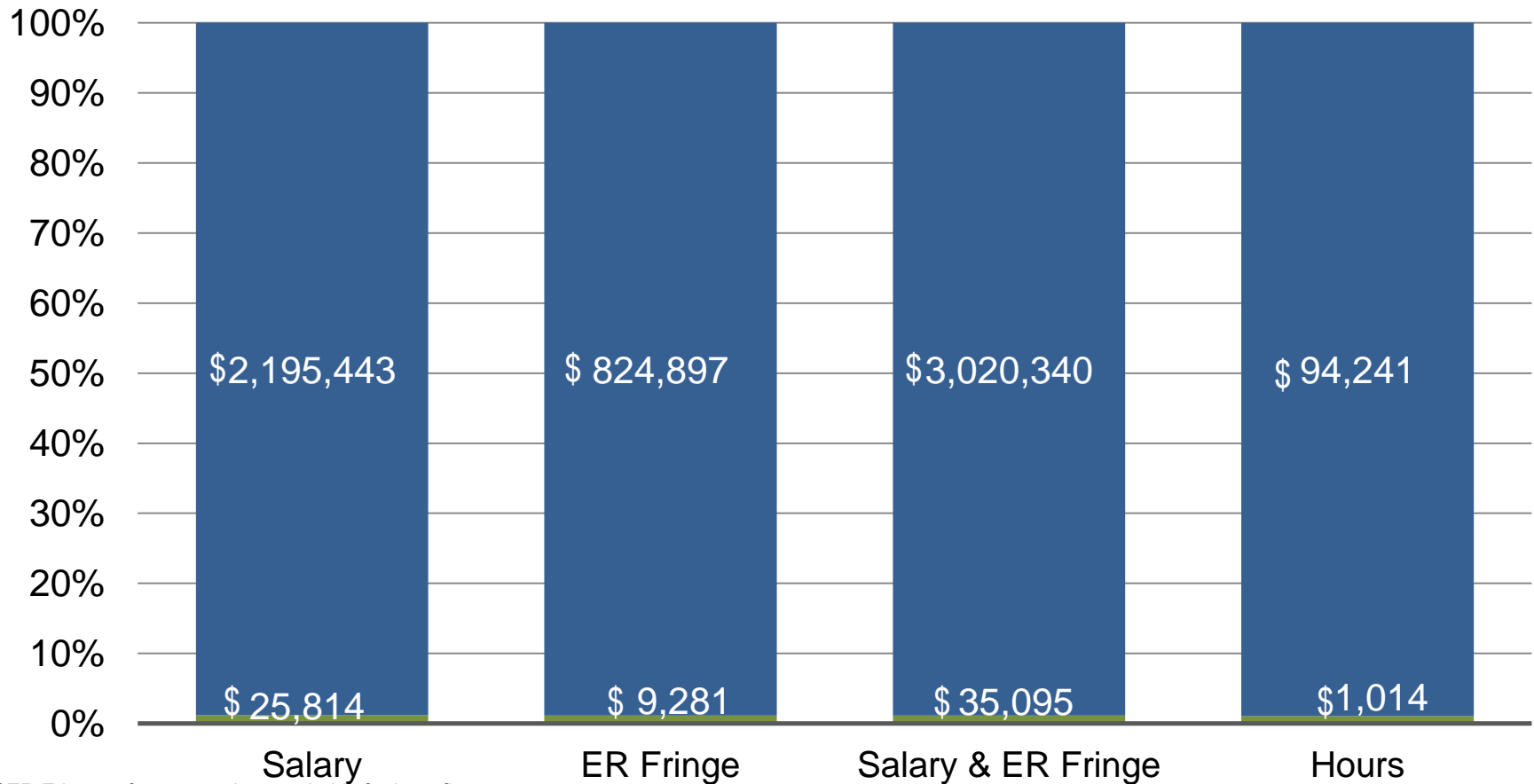
Position	Number of Staff	Total Hours	Salary Expense	ER Fringe	Total Personnel
Admin Assistant 2	0.6	1,179	\$19,955	\$ 8,532	\$28,487
Admin Assistant 4	0.7	1,404	\$27,203	\$11,942	\$39,145
Clinical Social Worker 2	0.4	832	\$22,451	\$ 7,019	\$29,471
Developmental Specialist 2	0.2	416	\$ 7,797	\$ 2,978	\$10,775
Developmental Specialist 3	4.1	8,606	\$193,862	\$69,299	\$263,161
Developmental Specialist 4	0.5	1,040	\$ 31,432	\$12,972	\$44,405
Psychological Dev. Counselor 2	0.6	1,252	\$ 41,287	\$12,573	\$53,860
Registered Dietician 3	0.4	832	\$22,964	\$ 9,783	\$32,747
Senior Physician (Range B)	0.3	520	\$35,798	\$12,085	\$47,883
Senior Physician (Range C)	<u>0.2</u>	<u>440</u>	<u>\$31,130</u>	<u>\$7,403</u>	<u>\$38,533</u>
<b>Total</b>	<b>7.9</b>	<b>16,522</b>	<b>\$433,878</b>	<b>\$154,588</b>	<b>\$588,466</b>

Note: (1)ER Fringe refers to employer subsidy for benefits.  
(2)Contractor expenses are not included.



# Services not Funded by Part C: NEIS North FY 2012

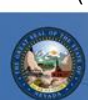
Specialized services not funded by Part C account for approximately 1.1 percent of NEIS personnel expenses and total hours in the northern region.



Note: (1)ER Fringe refers to employer subsidy for benefits.  
(2)Contractor expenses are not included.

■ Non-Part C ■ Part C

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# Services not Funded by Part C: NEIS North FY 2012

Specialized services utilize 0.5 full-time equivalent employees at various staffing levels.

Position	Number of Staff	Total Hours	Salary Expense	ER Fringe	Total Personnel
Admin Assistant 2	0.2	354	\$ 5,258	\$2,286	\$ 7,543
Clinical Social Worker 2	0.2	390	\$12,688	\$4,153	\$16,841
Developmental Specialist 3	0.1	208	\$ 6,080	\$2,165	\$ 8,244
Registered Dietician 3	0.0	42	\$ 1,148	\$ 489	\$1,637
Audiologist	<u>0.0</u>	<u>21</u>	<u>\$ 641</u>	<u>\$ 188</u>	<u>\$ 829</u>
<b>Total</b>	0.5	1,014	\$25,814	\$9,281	\$35,095

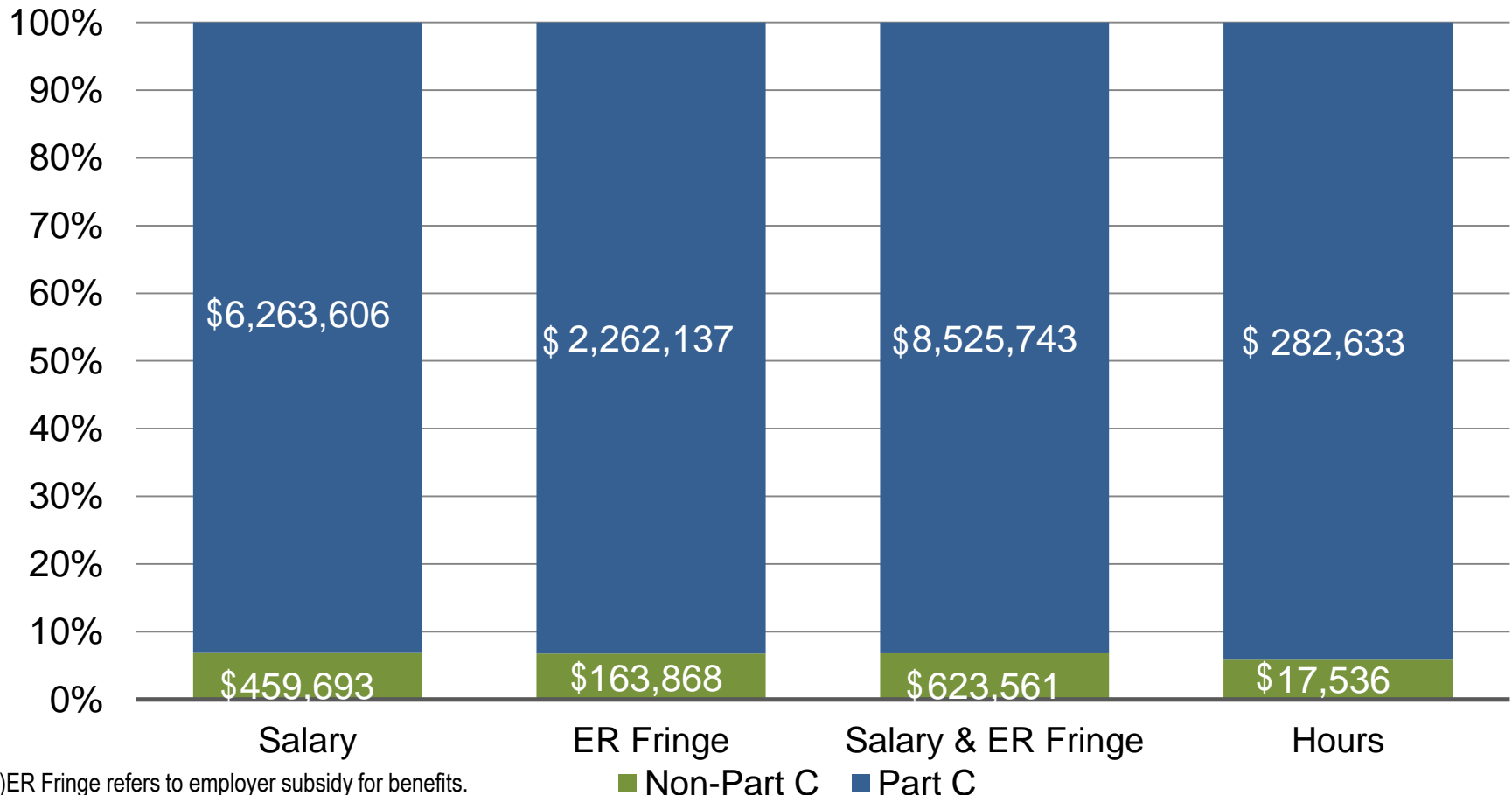
Note: (1)ER Fringe refers to employer subsidy for benefits.  
(2)Contractor expenses are not included.





# Services not Funded by Part C: NEIS Statewide Total FY 2012

Specialized services not funded by Part C account for 6.8 percent of NEIS personnel expenses, and 5.8 percent of NEIS total hours statewide.



Note: (1)ER Fringe refers to employer subsidy for benefits.  
(2)Contractor expenses are not included.

# Services not Funded by Part C: NEIS Statewide FY 2012

Specialized services utilize 8.4 full-time equivalent employees at various staffing levels.

Position	Number of Staff	Total Hours	Salary Expense	ER Fringe	Total Personnel
Admin Assistant 2	0.6	1,532	\$25,213	\$10,818	\$36,031
Admin Assistant 4	0.7	1,404	\$27,203	\$11,942	\$39,145
Clinical Social Worker 2	0.4	1,222	\$35,139	\$ 11,172	\$46,312
Developmental Specialist 2	0.2	416	\$ 7,797	\$ 2,978	\$10,775
Developmental Specialist 3	4.1	8,814	\$199,941	\$71,464	\$271,405
Developmental Specialist 4	0.5	1,040	\$ 31,432	\$12,972	\$44,405
Psychological Dev. Counselor 2	0.6	1,252	\$ 41,287	\$12,573	\$53,860
Registered Dietician 3	0.4	874	\$24,113	\$10,272	\$34,384
Audiologist	0.0	21	\$ 641	\$ 188	\$ 829
Senior Physician (Range B)	0.3	520	\$35,798	\$12,085	\$47,883
Senior Physician (Range C)	<u>0.2</u>	<u>440</u>	<u>\$31,130</u>	<u>\$ 7,403</u>	<u>\$38,533</u>
<b>Total</b>	<b>7.9</b>	<b>17,536</b>	<b>\$459,693</b>	<b>\$163,868</b>	<b>\$623,561</b>

Note: (1) ER Fringe refers to employer subsidy for benefits and (2) Contractor expenses are not included.

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# Services not Funded by Part C: FY 2012 Operating & Contractor Costs

Operating expenses for services not funded by Part C (other than Category 1 personnel expenses) total approximately \$64,454 per year.

Budget Line Item	Contract Services	Operating Expenses	Total Expenses
<b>Audiologist Wages – South</b>	\$23,119	-	\$23,119
<b>Audiologist Wages – North</b>	\$251	-	\$251
<b>Pediatrician - North</b>	\$96	-	\$96
<b>Registered Dietician – North</b>	\$2,030	-	\$2,030
<b>Translation Services – North</b>	\$398	-	\$398
<b>Genetics Clinic – Las Vegas (8/year)</b>	-	\$21,168	\$21,168
<b>Genetics Clinic – Reno (2/year)</b>	-	\$ 5,892	\$ 5,892
<b>Professional Development Training</b>	-	\$1,500	\$ 1,500
<b>Audio Equipment Service/Replacement</b>	-	<u>\$10,000</u>	<u>\$10,000</u>
<b>Total</b>	\$25,894	\$38,560	\$64,454

# Services not Funded by Part C: FY 2012 Total Expenses

Total annual expenditures related to services not funded by Part C are nearly \$700K per year.

	Personnel Expenses	Contract Services	Operating Expenses	Total Expenses
Services not Funded by Part C – North	\$ 35,095	\$23,119	\$5,892	\$64,106
Services not Funded by Part C - South	<u>\$588,466</u>	<u>\$ 2,775</u>	<u>\$32,668</u>	<u>\$623,909</u>
Total	\$623,561	\$25,894	\$38,560	\$688,015

# Medicaid Billing: Targeted Case Management



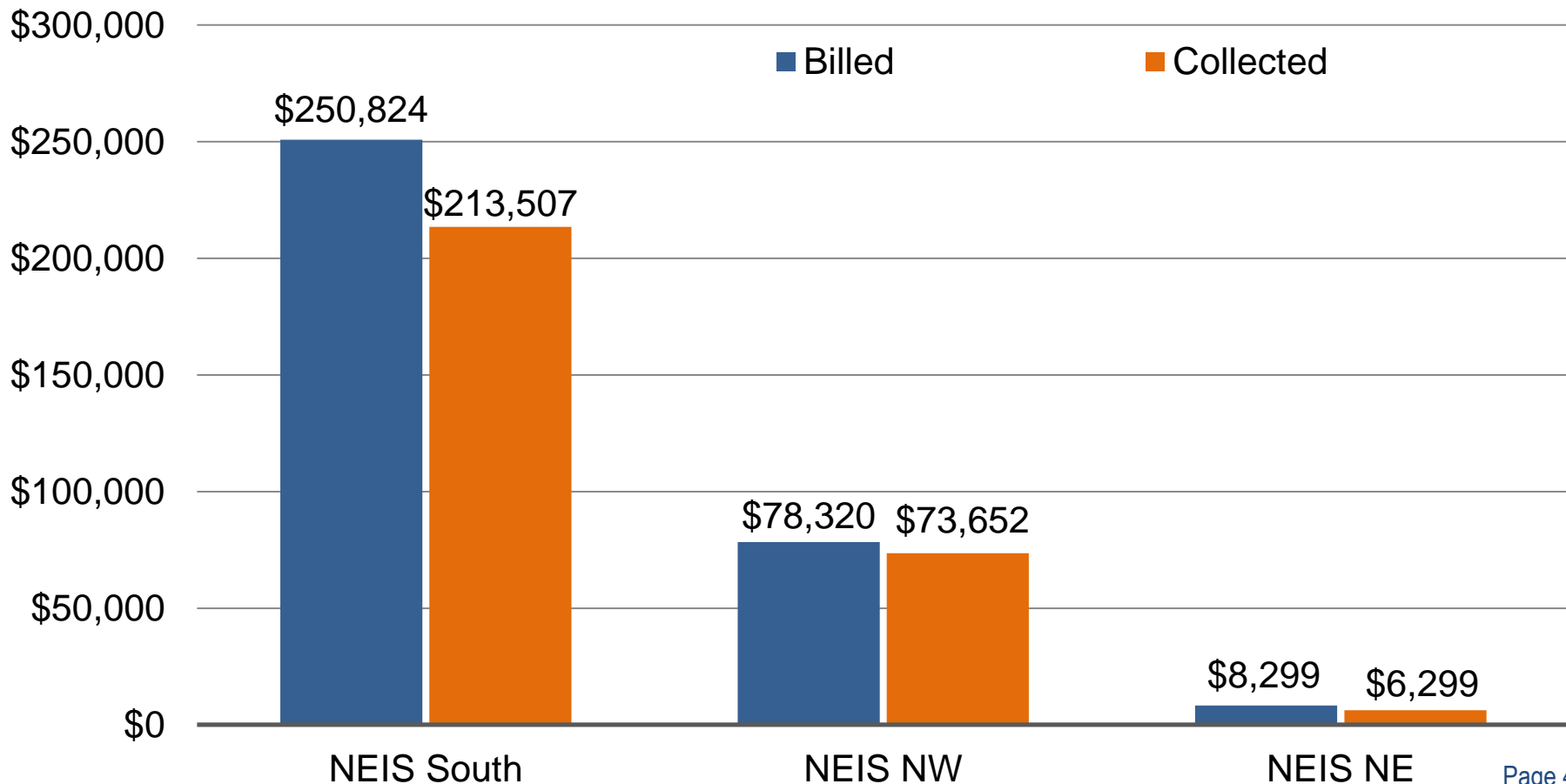
# Medicaid Billing TCM: Hours Spent on Medicaid Billing FY 2012

NEIS South spends significantly less time per IFSP on Medicaid billing and collections.

Position	South	Northwest	Northeast	NEIS Statewide
Accounting Assistant 1	-	999	-	999
Accounting Assistant 2	2,488	3,155	-	5,643
Accounting Assistant 3	832	-	-	832
Administrative Assistant 2	-	-	234	234
Administrative Assistant 3	-	-	375	375
Total Annual Hours	3,320	4,154	609	8,084
Estimated IFSPs June 2012	1,082	439	88	1,609
Medicaid IFSPs (45%)	487	198	40	724
Medicaid Billing Hours per IFSP	0.57	1.75	1.28	0.93

# Medicaid Billing TCM: Collections Ratio FY2012

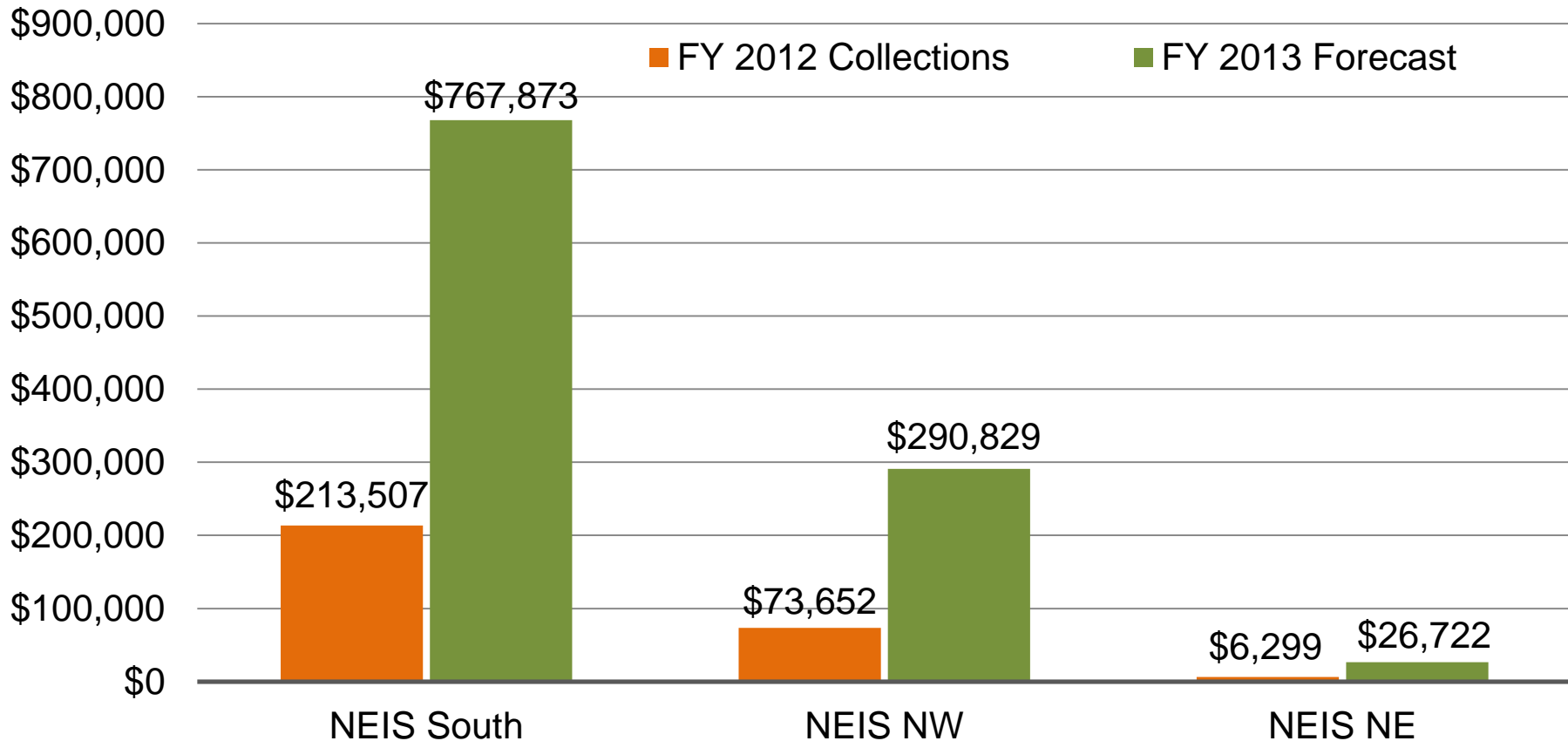
NEIS Northeast has the lowest collection ratio at 76%. NEIS South's collection ratio is 85%, and NEIS Northwest's collection ratio is 94%.





# Medicaid Billing TCM: Future Collections

Assuming NEIS performs 100 percent of SC, Medicaid collections are forecasted to increase by \$791,966 in the first year. This assumes current collection ratios, which stand to be improved should NEIS South and NEIS NE increase their collection ratios and/or hire more accounting staff.



Note: Assumes each Medicaid eligible IFSP will bill an average of one hour of Targeted Case Management dollars per month.

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# Author Qualifications



# Author Qualifications

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- Strategic Progress, LLC is a Nevada based company specializing in regional planning, public policy research and advocacy, federal grant development, fundraising and nonprofit strategic positioning.
- Strategic Progress is led by Cyndy Ortiz Gustafson: Ms. Ortiz Gustafson has direct experience at the federal and state levels writing legislation, building coalitions and working on issues management and strategic positing of initiatives. She is currently spearheading the Accelerate Nevada initiative at the Nevada Community Foundation to make Nevada more competitive for national foundation and federal grant funding, and to advance systems planning and investment across the state.
- The lead analyst on this project is Jennifer Ouellette: Ms. Ouellette has an MS in Accounting from the University of Southern California, and has worked for a variety of research and analytics firms such as Applied Analysis, PricewaterhouseCoopers, and Econ One Research. She has led extensive industry research projects, mapping and data analysis projects, research and policy projects and presented those findings to various groups and entities across public sectors.

